Manitowoc County Human Services Department
Quality Service Review Findings
September 19-22, 2011

Conducted by:
Wisconsin Department of Children and Families
Continuous Quality Improvement

Issued:
January 13, 2012

Acknowledgements

The review team expresses appreciation to the Manitowoc County Human Services Department, its partners and community members who contributed to the collection of information contained in this report.

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Executive Summary

Since 2005, the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In September 2011, the Department conducted its second review in Manitowoc County.

The scope of the QSR process has expanded since Manitowoc County's first review in 2007. Four protocols were utilized to gather data across 43 cases. This included 20 Access, eight Initial Assessment (IA), 12 Ongoing, two Permanency Pathway (PP), and one Indian Child Welfare (ICW). The case review process generates an understanding of front line practice or, what the QSR calls, the Micro perspective.

The QSR used a different process to acquire the Macro perspective, which is the understanding of how the child welfare system as a whole is performing. While one Site Leader coordinated the review of the 43 cases, a second Site Leader conducted 20 separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

Manitowoc County Child Welfare Performance

The table below displays the practice indicator scores from the 2007 review in comparison to the 2011 review that finished in the acceptable range. Twelve Ongoing cases were reviewed in each year and the percentages by each indicator represent the percentage of cases found to be in the acceptable range for that indicator. The QSR uses a six point rating scale, and scores in the 4-6 range are deemed acceptable. Scores in the 1-3 range are deemed unacceptable.

The QSR protocol contains three general groupings of indicators. The first grouping enables assessment of child status in the areas of safety, permanency and well being for the previous 30 days to three months. The second grouping enables assessment of parent/caregiver status in relevant domains such as basic necessities and parent caregiving challenges and capacities. The third grouping enables assessment of practice performance in areas such as engagement, assessment, planning, and teaming.

The scores on child status, parent/caregiver status and practice performance for both Manitowoc County reviews are presented in the following table.

Manitowoc County Quality Service Reviews for 2007 and 2011					
Legend					
N = The number of cases scored for each indicator *12 Ongoing cases reviewed in Manitowoc County*					
Two Point Scale Comparison					
	2007		**2011**		
Name of Indicator(s)	**N=**	**Acceptable**	**N=**	**Acceptable**	**Delta**
Practice Performance:					
Engagement/Role and Voice-					
Child/Youth	5	100%	11	82%	-18%
Mother	12	75%	11	91%	16%
Father	12	50%	11	55%	5%
Subst. Caregiver	9	89%	9	89%	0%
Role & Voice: child/youth	4	75%	7	86%	11%
Role & Voice: mother	12	58%	11	91%	33%
Role & Voice: father	12	38%	10	40%	2%
Role & Voice: Subst. Caregiver	6	67%	9	78%	11%
Core Practice Functions-					
Coordination	12	83%	12	75%	-8%
Team Formation	12	58%	12	67%	9%
Team Functioning	12	50%	12	50%	0%
Assessment & understanding: safety	11	82%	12	100%	18%
Assessment & understanding: overall	12	75%	12	83%	8%
Long-Term view	12	50%	12	58%	8%
Planning Change Process-					
Safety management	11	75%	11	82%	7%
Permanency	8	50%	7	57%	7%
Behavior outcomes: child/youth	5	80%	8	88%	8%
Behavior outcomes: parent/family	12	58%	12	67%	9%
Sustainable supports	12	42%	12	67%	25%
Core Practice Functions-					
Resource & support: Child/youth	8	63%	10	80%	17%

Resource & support: parent/family	12	75%	11	64%	-11%
Resource & support subst. Caregiver	8	88%	9	89%	1%
Intervention adequacy	12	50%	12	67%	17%
Tracking	12	83%	12	75%	-8%
Adjustment	12	67%	12	67%	0%
Specialized Practice-					
Transitions & Adjustments	7	57%	8	75%	18%
Family interactions: birth mother	7	71%	8	100%	29%
Family interactions: birth father	6	50%	6	17%	-33%
Family interactions: siblings	3	67%	7	100%	33%
Quality relationship: birth mother	7	71%	8	100%	29%
Quality relationship: birth father	4	50%	6	17%	-33%
Quality relationship: siblings	4	75%	7	100%	25%
Cultural accommodations	2	50%	0	0%	NA
Overall Patterns-					
Overall Progress to Permanency	11	45%	12	33%	-12%
Overall Practice Performance	12	75%	12	75%	0%

Stakeholder Interviews

This review involved stakeholder interviews with 20 key informant and stakeholder groups totaling 76 individuals. Stakeholders reported a number of common themes, which are highlighted below.

Common Themes

- The child welfare agency, practice partners and greater community genuinely care for children and families, looking for ways to solve problems.
- The agency has been creative and adaptable in the face of budget challenges, managing to create resources for families by thinking outside the box.
- Families without vehicles struggle with limited access to transportation.
- Families are more complex and challenged with combinations of poverty, mental illness, substance abuse, domestic violence and trauma histories.
- The community has been challenged by the economic downturn, unemployment and the loss of manufacturing base.
- Practice partners identify an increasing abuse of prescription drugs and alcohol amongst families in the community.

Recommendations

1. It is recommended Manitowoc County implement strategies to improve consistency of quality and completeness of child abuse and neglect (CAN) reports in Access. The current inconsistencies related to the quality and completeness of CAN reports generates risk and liability because it can increase the number of false positives and false negatives. Through not gathering the required information identified in the standards, there is an increase in the likelihood of erroneously screening a case out that should have been screened in (false negative). False positives negatively affect workload by leading to an investigation of a case that should have been screened out.

2. It is recommended Manitowoc County develop strategies to engage fathers and/or non-custodial parents. There is a pattern of lack of father engagement; a challenge Manitowoc County shares with other systems in the state and country. There appears to be a trend of fathers who do not want to maintain contact with their children and/or the agency, which results in outreach and engagement efforts being limited. It is recommended Manitowoc County explore new approaches to strengthen engagement of fathers, provide supervisors with case consultation tools that will help case managers focus more skillfully on engaging fathers, and increase accountability for performance in this area.

3. It is recommended Manitowoc County develop and support a consistent approach to teaming. Stakeholder and staff interviews revealed teaming is inconsistent among workers and cases. This is supported by the findings from the case reviews, as team formation and functioning scored 67 percent and 50 percent in the acceptable range respectively. While agency workers have attended the teaming foundation training, and the agency previously adopted the Coordinated Services Team (CST) model, it was reported this model does not meet the needs of all the clientele served. It is recommended that Manitowoc County develop and implement a formal training and mentoring process that assists workers in developing the skills to facilitate family team meetings. It is anticipated that implementing this recommendation will improve practice in this area. It should be noted that in the past year the agency has implemented concurrent planning meetings for children in out-of-home care six months or longer as well as team meetings between Initial Assessment, Ongoing, foster parents and birth parents within five days of an out-of-home placement. Both of these meetings include team members and appear to be promising approaches to teaming.

   Furthermore, correlation between teaming scores and long term view scores was noted. Of the six cases where team functioning scored unacceptable, five scored unacceptable for long term view. Of the remaining six cases, where team functioning scored in the acceptable range, all scored acceptable for long term view. This suggests that when the formal and informal supports to the family work within a teaming model, they are more likely to understand and agree on the defined conditions that must be met for safe case closure.

4. It is recommended Manitowoc County develop strategies to decrease the high out-of-home care re-entry rate of children within 12 months of reunification. The federal target is that of all children who enter out-of-home care during a reporting period, 9.9 percent or fewer re-enter out-of-home care within 12 months of reunification. According to a December 2011 study by the Division of Safety and Permanence (DSP) between 2008 and 2011 revealed Manitowoc County had an average re-entry rate of 32.99 percent. The analysis further revealed the age of the children most likely to re-enter out-of-home care are within the zero to four age range, and most likely to re-enter within three to six months of reunification. Further exploration of what may be impacting the elevated re-entry rate would be necessary in determining an appropriate solution. Possible areas of exploration include researching and reviewing cases where re-entry has occurred to determine what factors are contributing to this area of practice and developing and implementing targeted strategies to decrease the number of children re-entering out-of-home care within 12 months.

Manitowoc County Human Services Department
Quality Service Review
Conducted September 19-22, 2011

I. Introduction and Background

Since 2005, the Wisconsin Department of Children and Families has used the Quality Service Review (QSR) to assess the performance of its child welfare operations. In September 2011, the Department conducted its second review in Manitowoc County.

The scope of the QSR process has expanded since Manitowoc County's first review in 2007. Four protocols were utilized to gather data across 43 cases. This included 20 Access, eight Initial Assessment (IA), 12 Ongoing, two Permanency Pathway (PP), and one Indian Child Welfare (ICW). The case review process generates an understanding of front line practice or, what the QSR calls, the Micro perspective.

The QSR used a different process to acquire the Macro perspective, which is the understanding of how the child welfare system as a whole is performing. While one Site Leader coordinated the review of the 43 cases, a second Site Leader conducted 20 separate focus groups of key informants and stakeholders including agency staff, providers, foster parents, legal partners and others.

II. The Qualitative Service Review Process

Over the past decade there has been a significant shift away from exclusive reliance on quantitative, process-oriented audits and toward increasing inclusion of qualitative approaches to evaluation and performance management. A focus on quality assurance and continuous quality improvement is now common, not only in business and industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the "quality movement" is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the system performance essential to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts.

The QSR was developed by Human Systems and Outcomes, Inc., in collaboration with staff of the Alabama child welfare system. Wisconsin has developed its own version of the QSR, adapting it from protocols used in other systems in the country. The Wisconsin version reflects the unique features of the state's system. The QSR process is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders and providers.

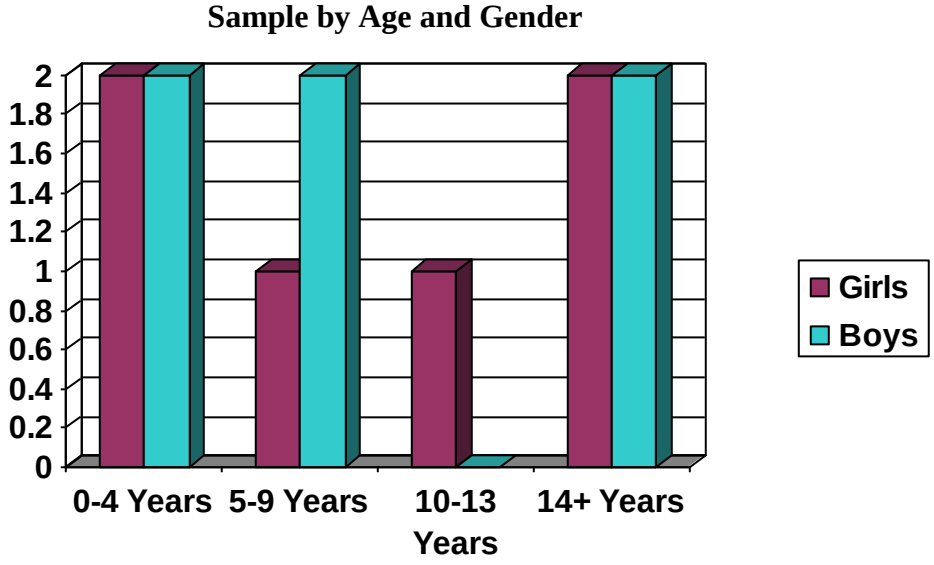
The protocol is not a traditional measurement designed with specific psychometric properties. The Wisconsin QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Parent/Caregiver Status and Practice Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from "Poor or Adverse Status/Performance" to "Optimal Status/Performance." The judgment is quantified and combined with all other case scores to produce overall system scores.

The fundamental assumption of the QSR model is that each case is a unique and valid test of the system. The strength of the QSR approach is that it helps reveal where and how system improvement efforts can be directed. Over time, results have shown practice and outcomes can be significantly improved when these areas are addressed strategically. This report offers guidance on the means to strengthen outcomes and performance, leading to the reflection of that improvement in QSR scores.

III. Methodology

The Ongoing review sample consisted of 12 cases, including four in-home cases and eight out-of-home cases. The case universe was stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata. Ninety-five interviews were conducted with respondents in the 12 cases reviewed. A basic profile of the population sampled is found in the following tables. Additional demographic and other information about the cases sampled may be found in Appendix I.

QSR/Child Status and Performance Profile - Current Placement Frequency



Type of Current Placement	Number	Percent
Birth home	5	42%
Foster Family home	4	33%
Relative/Kinship home	2	17%
Therapeutic Foster home	1	8%
	12	**100%**

Age Group	Number	Percent
0-4 Yrs	4	33%
5-9 Yrs	3	25%
10-13 Yrs	1	8%
14 + Yrs	4	33%
	12	**100%**

QSR/Child Status and Performance Profile - Gender Frequency

Gender	Number	Percent
Female	6	50%
Male	6	50%
	12	**100%**

Reviewers included a combination of State CQI staff and certified state and county reviewers. The review was conducted the week of September 19-22, 2011.

IV. Stakeholder Interviews

The stakeholder interviews are a valuable source of information about issues that the individual case reviews do not reach. The impressions and opinions expressed can point to larger issues in practice, organizational functioning and the child welfare environment that may be crucial to understanding and strengthening the Manitowoc County child welfare system. Because of the nature of the interview process, some stakeholder input, while accurate from an individual perspective, may or may not reflect the opinions of many or be verifiable through data or other sources. Regardless, strongly held opinions are important to consider and therefore are reflected in the following summary.

The review team conducted stakeholder interviews with 20 different groups totaling 76 individuals. Included in the interviews were representatives of the following organizations and units:

Focus Group Participants	Number
Ongoing Case Managers	8
Foster Care Coordinators	3
Juvenile Case Managers	6
Access and Initial Assessment Social Workers	6

Service Providers	7
Human Services Supervisors and Manager	4
Foster Youth	2
Foster Parents	10
Judges	1
Corporation Counsel	2
Public Defenders	2
Guardians ad Litem	2
Parent Support Workers	4
Court Appointed Special Advocates	4
Law Enforcement	3
Educators	5
Director/County Executive/Human Services Board	2
State Permanency Consultants	2
Adoption Supervisor	1
Adoption Staff	2

The interviews provided a broad assessment of how these different groups view Manitowoc County Human Services Department (MCHSD), its role in relationship to their practice partners in the county, and the strengths and challenges of county's child welfare system. There were some common themes and, in some cases, widely disparate views about the same topics. The summary of findings is organized within four categories: Organizational, Resources, Practice, and Legal. The following summarized comments reflect the input of the aforementioned stakeholders.

Organizational Strengths

- While resources have decreased over the last few years, the organization has worked to meet the challenge by using creative techniques in staffing and by expecting more of foster parents.
- Foster parents are well-trained and have been willing to work closely with birth parents to reunify children. Foster parents were noted as having been much more willing than in previous years to work in different ways with families.
- Practice partners and the agency work to solve problems within the community through groups that work together across organizational lines, such as Emergency Service Partners and The Collaborative.
- The leadership in the Division of Children and Family Services is stable and strong.
- The organization is using evidence-based services and interventions, especially in the juvenile justice area of practice, where a strong emphasis has been to keep children in the community rather than in punitive settings and/or settings outside the county, that have shown to be ineffective. The agency has worked to increase the knowledge of trauma-informed practice within its staff group.
- The practice framework that the organization uses has been family-centered and strength-based. The case managers include a family's strengths to mitigate the needs of the family
- Supervisors are easy to access and have scheduled weekly meetings, as well as having a policy that informal open door meetings can occur for other questions.

- Community regards caseworkers as experienced, flexible and professional. Practice partners have cited caseworker willingness and ability to consider different approaches to use with families.

Organizational Challenges

- Budgetary challenges have caused rolling layoffs and loss of positions. A notable loss has been that of parent support workers, who provide valuable services in the home working with mothers and fathers to change behavior. The loss of this resource has meant that the workers spend more time providing transportation to family interactions rather than on in-home parenting education.
- Families are having increasing difficulty in meeting their basic needs, such as rent, utilities and food, but the agency finds that it has a decreasing ability to assist families in meeting these needs.
- The Human Services Department lost its fulltime director to retirement in 2007 and that position has not been replaced. The department is overseen by the County Executive who can only devote about two hours a week to the role. Many focus group participants noted that this is a challenge to the functioning of the agency.
- The agency has four divisions, of which Child and Family Services is one. Each division operates without strong reference to other divisions, almost in silos. A full-time director overseeing all the divisions could work to increase the linkages within the organization and improve functioning.
- Child Protective Services continues to develop its practice as it works with safety understanding. Other practice partners who are mandated reporters do not always understand the decision making that relates to the safety of children. School districts especially need to be oriented regularly on CPS standards and criteria.

Resource Strengths

- Community has a variety of services to meet the needs of families, including creative approaches by community partners to solve problems.
- Dynamic Family Solutions partners closely with the agency; its staff is highly trained in a trauma-informed intervention model and the organization offers sophisticated programming to children and families in the community, including a program for juvenile sexual offenders.
- The creation of the Youth Wellness Center has offered a positive resource to children who might otherwise have to go to secure detention.
- County wide charter school serves children with severe behavioral and emotional needs.
- The Lakeshore Community Action Program provides innovative programming in a number of areas for families.
- The Community Response Program, funded through a Children's Trust Fund grant, helps families who may not meet threshold criteria for opening a Child Protective Services case access needed services.
- Hope House helps families to meet housing needs.
- Community based services for juvenile justice youth have increased in order to keep children with their families.

Resource Challenges

- Counseling Services, one of the divisions within the agency, has a policy not to provide mental health treatment to persons who are actively using alcohol and other drugs, which impacts the accessibility to services for individuals with dual diagnoses of substance abuse and mental health.
- Individuals insured with Medical Assistance face significant barriers in accessing mental health services in a timely way, with persons in serious need having to wait long periods for help.
- Resource homes for out-of-home placements for teens and sibling groups are an ongoing challenge.
- Dental care for children with Medical Assistance continues to be an issue.
- Psychiatric evaluations for diagnosis and treatment of children and youth is a barrier, though there have been some improvements over time.
- Clients continue to have transportation challenges, for which workers may provide assistance.
- Interpretation services have not been reliable in meeting the needs of families who speak other languages.
- Meeting the needs of undocumented immigrants is a challenge to the agency.
- Homelessness for families and older youth has increased with the economic decline of the area; schools are seeing more youth without places to stay. Families with criminal backgrounds or other issues are extremely challenged in finding housing.

Practice Strengths

- When a child has been in out-of-the home care for six months, a concurrent planning meeting is had with the parents, the Ongoing supervisor and case manager, the state permanency consultant, the guardian ad litem and other practice partners to discuss the progress on reunification or a concurrent permanency option such as termination of parental rights. This discussion allows the parents to discuss the concurrent permanency plans for their child in an informal setting as part of a team.
- Case transition from the Initial Assessment unit to the Ongoing unit has been formalized to use a team meeting which include the parents, the identified workers from both units, and the foster resource family, if children are in out-of-home care.
- Ongoing case managers have the opportunity to work in pairs on difficult or challenging cases.
- When a child or children enter out-of-home care during the Initial Assessment phase of intervention with a family, the Ongoing supervisor assigns a case manager from his unit to work with the Initial Assessment worker in order to help the child, parents and foster resource family with the tasks, such as family interactions, that need to be set up at the beginning of a case.
- Case managers identify there has been an increased reliance on using informal supports, i.e., supports to a family that may be part of a kinship or extended family network, in order to meet case goals. The use of informal supports has come from the necessity of having fewer formal resources, but case managers see benefits to the family of working within their own family and community network.
- The levels of care foster care licensing initiative, implemented in January 2010, allows relative families to be licensed at a basic level, as Level One families, with a kinship

payment. In Manitowoc County, all court ordered kinship families are licensed at the higher level of Level Two. At this level, which is considered to be regular foster care, the families must attend additional training, have higher expectations of training and receive a higher level of remuneration.

- Throughout the agency, there are increased efforts at the Initial Assessment and Ongoing phases of the case to identify and license relatives as placement options for children in out-of- home care.

Practice Challenges

- Achieving permanency for children whose parents are struggling with substance abuse and mental health issues is an opportunity. Progress for parents in these areas can take considerable time and the shortage of the right services, such as evaluation and treatment options, serves to lengthen the time children may be in out-of-home care.
- Crisis unit employees who handle Access calls have not attended the Access training.
- The face to face response time that the Initial Assessment workers find most difficult to meet is the two to five day requirement. Families may be unavailable, but workers continue to attempt making the contact.
- Teenagers in out-of-home care feel they need more role and voice in decisions that affect them.

Legal Strengths

- Child Protective Services case managers are viewed as professional, competent and respected by legal personnel.
- Court reports are informative, well written and submitted in a timely fashion.
- Corporation Counsel purposely constructs conditions of return to meet criteria for a successful termination of parental rights.
- The Court Appointed Special Advocate (CASA) program, established in 2007, is regarded as a valuable asset by legal partners and agency personnel. The monthly reports written by CASA volunteers are comprehensive and provide the court with important information about the child and family.
- The location of the human services agency, close to the county court building and other legal offices, allows very good communication between players in the legal system.
- The judiciary has a planned monthly intake rotation. When a family comes to a judge during the rotation, that judge continues to serve the child and family for the duration of the CHIPS order.

Legal Challenges

- The language in the conditions of return is not always understood by parents.
- It is perceived that there is an increased willingness to take cases to termination of parental rights, but most termination of parental rights hearings are contested and require jury trials, a lengthy process which is difficult for children and families, as well as the system that serves them.
- Guardian ad litem performance is perceived by practice partners to be inconsistent.
- The issue of what constitutes permanency for children and how to achieve it is not a shared understanding amongst those who are in the legal realm and practice partners in other organizations.

- The CASA program has been affected significantly by the loss of state and federal funding in the recent budget cycle.

V. Performance Analysis

Access and Initial Assessment Practice Performance

The Access and Initial Assessment protocols differ significantly from the ongoing Quality Service Review protocol. While this review has a foundation in the Access and IA standards, it is still a qualitative review which applies best practice.

The purpose of the Access and IA reviews is to analyze the critical decision points in a case at the point of and following the receipt of an allegation of maltreatment.

The Access and IA reviews analyze the following information:

Access
- Information gathering regarding the allegations of maltreatment
- Understanding based on initial information gathered
- Analysis of information leading to screening and response time decisions

Initial Assessment
- Level of engagement and responsiveness
- Understanding of family: child's needs, parent/caregiver's protective capacities and threats to child safety
- Analysis of information leading to key decisions: child safety, custody, substantiation and case opening

Access and Initial Assessment Review Sample

Access (20)
- Paper review of screened out Access reports (7)
- Monitored access calls (4)
- Reviewed access reports associated with the Initial Assessments (9)

Initial Assessment (8)
- Reviewed recently completed Initial Assessments

Access Practice Performance

The following information contains themes and patterns which were collected from the review of 20 Access Reports.

Access – Strengths
- Workers were observed to display professional skills when taking Access calls; they had an engaging tone and demeanor, allowed the reporter to share the information the reporter called

in regards to, and used open ended and follow up questions in an effort to gather all of the necessary information required for an Access Report.

- The use of an Access form, developed by the agency, guides the questions an Access worker should ask of the reporter, ensuring thorough information gathering, and mirrors the information required to be documented in an Access Report in eWiSACWIS.
- Workers gathered thorough information in key areas of the Access Report, specifically regarding the alleged maltreatment, location of the child, and the alleged maltreater's access to the child.
- The Access Reports evidenced inquiry into other household members and possible domestic violence and identified collateral contacts or other sources with information on the family.
- Of those Access Reports assigned to IA, 88 percent were assigned within 24 hours, in accordance with state standards.

Access – Challenges

- Opportunities exist to enhance documentation in several different areas:
    - Access Reports should be backdated to reflect the actual date and time the decisions were made as opposed to the date and time decisions were documented in eWiSACWIS.
    - Some reports were missing, or provided limited explanations, for screen out decisions and when response times deviated from state standards.
    - The use of terms such as "not stated," "unknown," and "NA" lend an unclear explanation of whether or not the worker asked for the information or if the reporter did not know the information.
- There is a need to consistently inquire into possible American Indian heritage with each call that is made to Access
- The use of Wisconsin Consolidated Court Automations Programs (CCAP) and eWiSACWIS information is unclear. While this information was documented, the Access Reports lacked a description of how this information was considered in the decision making.
- The information gathering was inconsistent among the various workers taking Access calls. There is a need for all workers taking calls to be trained in Access.
- There is a need for screening decisions and response times to align with state standards. Decisions did not always align with safety threats or risks identified in the Access Reports. It is unclear if all workers taking Access calls understand and are able to identify present and possible impending danger threats.

The following information was collected from the review of 20 Access Reports.

Diligence of Inquiry: The purpose of diligence of inquiry is to obtain the information necessary to make sound decisions regarding threats to child safety and allegations of maltreatment, so that these decisions are based on the evidence assembled during the Access phase of the case.

In the area of diligence of inquiry, 70 percent of cases scored in the 4-6 range. Several of the cases provided thorough information related to the alleged maltreatment and surrounding circumstances and clearly outlined the information the reporter wanted to report. In addition, inquiry into the child's location and current access by the alleged maltreater was explored. In

one such case where thorough information was gathered, reviewers noted, *"The Access worker asked open ended questions allowing the reporter to feel comfortable in providing information that the reporter thought was important. The worker used follow up questions to get more specific information. The worker's gentle way of asking the probing questions encouraged the reporter to provide all relevant information. The worker was able to get detailed information about the maltreatment. For example, the child threw up and the worker was able to elicit information that the child was anxious because his older brother was kicking him. The worker was also able to get information from the reporter about the mother's ability to protect the child. This led to a discovery that the older children may have been maltreated by the mother because of her use of a belt. The worker also got information about each individual child, such as their grades, behaviors, and special needs."*

In another case, reviewers wrote, *"The Access Report gave detailed information regarding the alleged maltreatment and the surrounding circumstances. The Access worker inquired about other possible sources of information and noted the contact information for the school principal. The children's whereabouts were indicated as well as the alleged maltreater's potential access to them."*

Diligence of inquiry was noted as a challenge in some cases where the worker who took the Access call or gathered the information from the reporter was not a trained Access worker. In one such case, reviewers commented that, *"The reporting process for this particular case appears to have impacted the amount/type of information obtained as well as the ability for follow up questions to be asked. The mother contacted the Youth and Family Services (YFS) Intake worker, who took some preliminary information and then reported this to the Access worker. It does not appear the YFS Intake worker is properly trained in how to take Access reports."*

Depth of Understanding: Access interviews with the reporter involve eliciting information about allegations of maltreatment and information about the child and family. Factors explored and considered include present and possible impending danger threats, challenges to caregiver functioning (e.g., mental illness, cognitive limitations, addiction, domestic violence, incarceration), and protective capacities present within the child's caregiving situation.

In this area, 80 percent of the Access Reports reviewed scored in the 4-6 range. A complete understanding of the family situation, including possible threats to child safety, is dependent upon the diligent gathering of information. One such case demonstrated the relationship between diligent information gathering and depth of understanding. Reviewers wrote, *"The worker was able to quickly rule out present danger because the child was safe in the hospital. The worker also ascertained that the discharge date was unclear. The worker spoke with three individuals familiar with the child at the hospital and asked each of them for information on the discharge date. The worker stated in the interview with reviewers that there was a discrepancy about the discharge date and that this could have impacted the safety of the child. During the interview, the worker was knowledgeable about determining whether there was present or possible impending danger threats, such as the child's fear of his stepfather and the description of the out of control behavior of the child."*

Limited information gathering influences the understanding of the family situation and limits the assessment of child safety. Reviewers on one case identified areas of information gathering that were lacking, which in turn limited the depth of understanding. Reviewers wrote, "*Without any information about the family functioning or child functioning there is no way to make determinations about possible impending danger threats to the child. It is unclear what the impact of not having electricity would have on the child. The report did not provide a clear understanding of the circumstances of the electricity being turned off or if the family has the means to get the electricity turned back on."*

Avoidance of Undue Influence: Avoidance of undue influence is the recognition and avoidance of any extraneous factors that may have been present and could have introduced bias or error into the decision making process (e.g. child fatality or egregious incident, decisions by law enforcement or courts, personal bias, organizational policy). Avoidance of undue influence is the ability to recognize and prevent biases from influencing screening and response time decisions

In making decisions at the point of Access, it is important that workers and supervisors are cognizant of those factors that might erroneously influence the decision making process. In the Manitowoc County review, 100 percent of the Access Reports reviewed scored in the 4-6 range, indicating that staff involved in making decisions were both aware of extraneous variables and did not allow them to influence decisions. An example of this is that, "*Even though there are workload issues with the staff, the supervisor said he still uses the facts when making his decisions. The worker denied having any undue influences affecting the report. The report is written in an objective manner describing the situation of the family and the events that took place as described by the reporter*."

Critical Discernment: Critical discernment is the degree to which the worker and supervisor have used a thoughtful and deliberate process in gathering, understanding, and applying available information in the decision making process. It is the analysis, synthesis and interpretation of the information to make screening and response time decisions.

In the area of critical discernment, 70 percent of the 20 cases reviewed scored in the 4-6 range for the screening decision and 83 percent of the 10 cases that were screened in for Initial Assessment scored in the 4-6 range for response time decisions (screened out cases are not scored for response time). In one case that scored in the 4-6 range for both the screening decision and response time, reviewers were able to gain an understanding of the information that was considered and why the decisions were made; *"Based on what information was known at Access, it was clear that some level of investigation had already occurred by law enforcement, and no immediate action was taken (by law enforcement). There was information to indicate that further assessment was necessary but that possible impending danger threats did not rise to the level of a shorter response time. The agency's actions were consistent with practice guidelines."*

Several cases were challenged with providing a well reasoned screen out explanation, as required by state standards. An additional challenge in the area of critical discernment is the documentation of the screening decision during after hours. It was noted that some reports that

came in during the weekend after hour shifts were not screened in eWiSACWIS until the following Monday. There is an opportunity to improve compliance in this area by backdating the screening decision date and time to when the decision was actually made during after hours as opposed to when the report was entered in eWiSACWIS.

Confidence in Decisions Made: The degree to which workers and supervisors are certain that they have acted adequately based on policy and procedural expectations, with sufficient diligence in actions taken, while drawing the most appropriate conclusions and making well-reasoned decisions impacts the level of confidence workers and supervisors have regarding the screening decision.

For this indicator, the confidence level of the workers and supervisor is only rated when reviewers have had an opportunity to interview the worker and supervisor about decisions made. In the Manitowoc County review, the workers were interviewed for four of the Access reports and the supervisor was interviewed for seven of the Access reports. In the area of confidence in decisions made, 100 percent of the cases scored in the acceptable range for the workers and supervisor, indicating that the workers and supervisor were confident that decisions made were correct based on the information known at the time.

The reviewers' level of confidence in the decisions made at Access scored in the 4-6 range in 89 percent of the 20 cases reviewed. Reviewers had a high level of confidence when the information contained in the Access Report supported the decisions made. In one particular case, the worker adequately considered the family's Child Protective Services (CPS) history during the decision making. Reviewers noted, *"There is alleged neglect in the report and the response time matches the identified possible impending danger threat."* Further supporting the reviewers' confidence was a conversation with the worker during which it was stated that *"this was the second time a situation like this had happened."* The worker went on to discuss the vulnerability of a young child being left unsupervised.

Reviewer confidence fell when unaddressed concerns for possible child safety were evident or when significant information was missing in order to assist the Access worker in fully assessing for possible impending danger to the point possible at Access. Reviewers wrote, *"Clearer information about the surrounding circumstances of the maltreatment is needed to better understand why this referral was not ruled maltreatment, especially when taking into consideration the child's demeanor during the disclosure; shaking, crying and trembling."* This example poses an opportunity for the Access worker to ask follow up and probing questions of the reporter.

Initial Assessment Practice Performance

The following themes and patterns were collected from the review of eight Initial Assessment cases.

Initial Assessment – Strengths

- Workers are preparing for initial contacts and interviews with family members by consulting with other individuals who may have information on the family and/or the incident which is

being alleged. These individuals include, but are not limited to other workers within the agency, law enforcement and school personnel.

- Initial face to face contacts were made within the assigned response time in 100 percent of the cases reviewed.
- Key collateral contacts were found to be utilized as applicable to the alleged maltreatment. Specifically, it was found that medical professionals were consulted on cases where the children were in need of medical care or in cases where medical history would enhance the overall assessment.
- Effective collaboration was seen across Human Services units, such as between IA and Ongoing.
- American Indian heritage was inquired into in 88 percent of the cases reviewed. The Screening for Child's Status as Indian (Form CFS-2322) was completed in 100 percent of the cases.

Initial Assessment – Challenges

- There is an opportunity to improve consistency among workers and practice in the following areas:
    - Use of collateral contacts. While it was found that key collateral contacts were utilized as applicable to the alleged maltreatment, additional contacts with individuals involved with the family on a regular basis, such as professional providers or informal supports, might enhance the overall assessment.
    - Contact with non-custodial parents. Non-custodial parents may be able to provide additional information or perspectives on the child functioning and overall family functioning.
    - Completion of Initial Assessments within 60 days. Just 50 percent of the cases reviewers were approved within the 60 day standard.
- There is an opportunity to enhance the assessment of underlying needs to assist in the identification of impending threats to safety and subsequent safety planning
- Workers have greater knowledge of the family situation than is documented, including the family's prior CPS history.

The following information was collected from the review of eight Initial Assessment cases.

Engagement and Responsiveness: Engagement evaluates whether the IA worker is building a partnership relationship with the family using outreach and rapport building strategies, including special accommodations with any difficult to reach family members, in order to increase child and family engagement and participation in the Initial Assessment process. Responsiveness refers to whether the IA worker followed agency policies and state standards regarding the timeliness, number, frequency and types of contacts.

Of the eight IA cases reviewed in Manitowoc County, 63 percent scored in the 4-6 range for level of engagement and 100 percent scored in the 4-6 range for level of responsiveness. In one case where both engagement and responsiveness were seen as strengths, reviewers noted the value in collaborating with the family and other systems from the onset in order to aide in planning. Reviewers wrote, *"The IA worker made the initial face-to-face contact within the*

required response time. The necessary interviews (father, child, step-mother, brother) were completed. The IA worker was able to build off the Crisis worker's existing rapport with the family. The IA worker was able to engage the father in the assessment process and actively involve him in the planning. She was also able to establish a connection with the step-mother and respond to her concerns regarding placement of the child, offering support services such as respite and emergency counseling, in order to sustain the placement. The IA worker also was skilled in collaborating with law enforcement regarding the child and family's needs."

Engagement of the family was challenged when the family appeared resistant to meeting with the IA worker. In one case, the mother had canceled several visits with the IA worker. When the IA worker was able to establish contact with the family, the IA worker met with only the children and opted to schedule another visit to speak with the parents. Given the parents' history of missed visits, this was a missed opportunity to establish a working relationship. *"It appears that the mother was avoiding the worker, who did not get the opportunity to meet with her again. In addition, there was no engagement of the father of the two youngest children along with the father of the four oldest children. Engagement efforts ceased because the family moved abruptly and did not inform the agency of their move or their whereabouts."*

Diligence of Inquiry: The purpose of diligence of inquiry is to obtain the information necessary to make sound decisions regarding threats to child safety and allegations of maltreatment, so that these decisions are based on the evidence assembled during the initial assessment phase of the case.

In the area of diligence of inquiry, 75 percent of cases reviewed scored in the 4-6 range. In one case, interviews with family members were supplemented with collateral contacts in order to gather the most accurate information to aid in decision making. Reviewers wrote, "*The IA worker attempted to include the brother in the assessment process and in supporting the child. The IA worker made multiple calls and wrote several letters to the mother in order to ascertain her whereabouts. There was also contact made with the mother's probation officer and collateral information received from the child's psychiatrist and counselor. There was good connection with internal agency resources that had prior knowledge of the family."*

Another case, however, demonstrated the need for concerted efforts to thoroughly interview family members, and how a lack of of collateral information can hinder the assessment of safety threats to the children. In this particular case, there was dificulty in gathering information from the mother, who moved residences, and the father, who was incarcerated. Numerous collateral contacts were involved with the family; these contacts could have been accessed in order to form a preliminary assessment of the parents and family. *"The worker missed an opportunity to learn about past removal of the children in a neighboring state by not contacting that state's child protective services and requesting the information and by not reviewing the county's file....The worker also missed an opportunity to assess the family by not contacting the family member who owned the home where the family was residing in this county. Another opportunity for the worker was to obtain medical information about stated medical issues of the children (Lyme's Disease, Attention Deficit Disorder, dental issues) and determine if these were being adequately controlled. The worker could gain a better and more comprehensive, assessment by contacting collateral contacts earlier on in the initial assessment, such as the probation/parole worker,*

medical personnel, the community non-profit personnel who had witnessed the children receiving inadequate supervision and law enforcement."

Depth of Understanding and Safety Intervention: Depth of understanding is the degree to which the child and family's strengths, protective capacities, threats to safety, and needs are understood. Safety assessment is the examination and consideration of the child's immediate safety based on whether there are present or impending danger threats that could harm a vulnerable child in the absence of adequate protection available in the home caregiving situation. Safety planning assesses whether the identified safety threats are controlled by the implemented safety plan.

For this indicator, reviewers are asked to evaluate the depth of understanding in three areas: the overall family situation, safety assessment and safety planning. Sixty-three percent scored in the 4-6 range for depth of understanding of the overall family situation and for safety assessment. One particular case demonstrated how having an overall understanding of the family situation influences the assessment for impending danger. Reviewers wrote, *"The IA worker evaluated appropriately for present and impending danger. The IA worker has a clear understanding of child development and the vulnerability of an infant that is allegedly living in an unsanitary household environment. The IA worker also had an appreciation for the family dynamics involved when a teen parent is residing in his or her own parent's household. She understood the type of relationship the mother and grandmother had as well as how this impacted the child. The worker's understanding of the child's situation was enhanced by this worker's prior contact with the family. The worker recognized things that could and could not be controlled."*

Safety planning was scored for two cases where the children were determined to be unsafe; however, neither of these cases scored in the 4-6 range. One case demonstrated the link between the need for a comprehensive understanding of the family in order to assess and plan for safety. Reviewers wrote, *"The challenge is that while the worker has an understanding of the children, the worker does not have a complete understanding and assessment of the parents and the family functioning, which leads to an incomplete safety assessment and safety plan....Another challenge is that, based on the safety assessment, an in home safety plan would not work for these children and an out-of-home plan would have needed to have been developed based on the worker's determination that the parents were not willing for services to be provided and would not cooperate with service providers."*

Avoidance of Undue Influence: Avoidance of undue influence is the recognition and avoidance of any extraneous factors that may have been present and could have introduced bias or error into the decision making process (e.g. child fatality or egregious incident, decisions by law enforcement or courts, personal bias, organizational policy). Avoidance of undue influence is the ability to recognize and prevent biases from influencing placement, screening and response time decisions.

Avoidance of undue influence scored in the 4-6 range for workers in 88 percent of the cases and for supervisors in 100 percent of the cases. In one case where it was evident that staff involved in making decisions during the IA process were both aware of extraneous variables and did not

allow them to influence decisions, it was noted, "*Both professionals have a good understanding of potential agency or system factors that may impact their decision making and none appear to have been present in this case. For example, the worker was able to note that the presence of the parochial principal during the course of the interview could have been an undue influence but she did not allow his involvement to impact her practice."*

Critical Discernment: Critical discernment is reflected in the degree to which the worker and supervisor (either individually or in the context of a team) have used a well-reasoned and deliberate process in gathering, understanding, and applying available information in the strategic decisions (e.g., screening of report).

For critical discernment, 50 percent of cases scored in the 4-6 range. One case exemplified a deliberate process of gathering and assessing information in order to make key case decisions; "*The supervisor and IA worker had frequent contact throughout the case regarding decisions such as safety, substantiation, and family support services. Adequate information was gathered on this, and the agency took into consideration family history, the needs of the child and the status of the proposed caregiver. The IA report clearly indicates how this information was rendered in order to make the proper determinations in this case."*

In another case, however, the lack of a timely analysis and synthesis of the information known to the agency resulted in the family fleeing before the agency could take action to assure for child safety. "*There was a missed opportunity in that diligent efforts were not made in assembling the information that the agency had gathered and had in the CPS file....The worker observed dental problems for the oldest child, behavior issues for other children and the need for Birth to Three services for the younger children, but was unable to link the concerns to a plan. The worker and supervisor regretted not doing anything sooner...and by the time action was taken, the family was gone."*

Confidence in Decisions Made: The degree to which workers and supervisors are certain that they have acted adequately based on policy and procedural expectations, with sufficient diligence in actions taken, while drawing the most appropriate conclusions and making well-reasoned decisions impacts the level of confidence workers and supervisors have regarding the screening decision.

There were variances among the worker, supervisor and reviewers in confidence in decisions made. While the worker and supervisor rated their confidence in decisions made in the 4-6 range 88 percent and 100 percent of the time, respectively, reviewers rated their confidence in the 4-6 range in just 50 percent of the cases. In a case where all three rated high levels of confidence, it was noted that *"The worker and supervisor agreed that the critical thinking applied during the decision making process was valid. Consultation occurred at various decision points, including safety assessment and substantiation, in order to ensure that the children were safe and the appropriate course of action was taken. The reviewers concur with the agency's decisions and that safety and the family's situation have been appropriately addressed."*

Reviewer confidence in decisions made was challenged in cases where all sources of information were not explored or when key details related to child safety were not addressed. In one case

where reviewers had concern for child safety, it was noted that *"The reviewers had concerns about the handling of the decision points in the case, such as the worker missing a present danger threat with the child attempting to take an overdose of her medication."*

Decision Documentation: Reviewers evaluate the adequacy and completeness of documentation in the case under review. The facts gathered, reasoning process used, and determinations made are documented in a clear and useful format that is consistent with applicable standards of good practice.

Documentation of the information gathered and decisions made during the IA process is rated separately in the protocol in recognition that workers and supervisors often know more information than is reflected in the actual IA document. Documentation of case contacts and assessment findings scored 63 percent in the 4-6 range in Manitowoc County. When documentation was sufficient it was clear through the written documents that state standards for case practice were followed throughout the assessment process. Reviewers noted, *"The IA process and determinations are generally consistent with standards. Key information was gathered and explained. The IA worker is very skilled provided a high degree of written detail."*

Several reviewers noted that workers generally knew more information than was documented. Struggles with documentation were seen in areas such has incorporating prior CPS history, noting collaboration with other CPS workers with information on the family, and providing a detailed protective and/or safety plan that is easily understood by other who may not be directly involved in the case.

Ongoing Practice Performance

A review of the stakeholder interviews, status and performance scores and the 12 case stories that were completed yields a rich description of practice within MCHSD and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed. The sample for this section involves only 12 cases, and because the rating reflects primarily *current* status and performance, readers should be conservative in generalizing scores from this review to the entire Manitowoc County child welfare case population. Readers should also note the number of cases applicable to each indicator, signified by the letter "N." There are some indicators where only a small number of cases were applicable and reviewed. In these areas, generalization of findings to the entire child population cannot be seen as representative.

The following section examines MCHSD's QSR trends in key areas of status and system performance. For reference and clarity, the analysis will address the percent of cases that scored in the 4-6 range, Minimally Acceptable to Optimal.

The QSR uses eight indicators to assess a child's status and five indicators to assess parents' and/or caregivers' status. The results for the 13 indicators are presented in aggregate and graphic format and measure the child and parent/caregiver status in the 90 days prior to the review is located in Appendix I.

The following information was collected from the review of 12 Ongoing cases.

Child and Family Status

Child Exposure to Imminent Threats: This indicator is assessing if the child is free from abuse and neglect in every setting; birth home, substitute home, school or other settings. Eighty-eight percent of cases scored in the 4-6 range related to exposure to imminent threats in the birth home. All children scored for imminent threats in the substitute home, school setting, and other settings rated one hundred percent in the 4-6 range. Other settings include home of a non-custodial parent with home visit privileges, summer camp, after school setting, daycare and anywhere the child regularly spends time. A reviewer wrote of a case rating in the acceptable range, *"The focus child has been fortunate in that while her mother has struggled with alcohol dependency for the majority of the focus child's young life, the focus child has consistently been left with appropriate caregivers during periods of time when her mother was unable to care for her."*

Another reviewer wrote, *"The school provides the high supervision the focus child requires, maintaining the safety of himself and the other students. He is engaged in services which are resulting in positive outcomes. His current placement appears to also be a good match. The staff provide the high level of supervision he needs. The placement is also a safe home which provides structure, chores, independent living skills, and peer interactions."*

Stability: Stability examines the child's current placement at the time of the review, in the birth home or an out-of-home setting; the stability over the last 12 months and the likelihood of this stability continuing to be status quo, improving or deteriorating over the next six months. Seventy-five percent of the children were currently stable in home settings and 73 percent of children were in stable school settings. A reviewer wrote of a case that scored acceptable for stability in the home setting, when the children visited between his mother and father's home, *"Both parents provide the focus child with stable homes that are free from imminent threats. The focus child resides with each parent on alternating weeks. The parents have been successful at co-parenting their two children and have been working together to make sure the focus child's living arrangements remain as stable as possible."*

Another case, however, demonstrated some challenges for the focus child's stability both in the home and at school. A reviewer wrote, *"Stability and permanence are areas of concern for the focus child. He has poor stability at school and marginal stability at home. The focus child has, in the last 12 months, been enrolled at three different schools, and it is hard to establish a pattern of consistency for him to follow or to form and maintain friendships at school or become familiar with his teachers which are all necessary for successful school and social development."*

Permanency: Permanency applies to all children in an out-of-home placement as well as children residing in their biological home. The permanency indicator is critical for all children. It is assessing how effective the efforts are in achieving and sustaining a permanent placement for the child following safe case closure. Just 25 percent of children reviewed were currently making satisfactory progress toward permanency in the 4-6 range. Several cases reflected the need for additional work toward permanency. A reviewer wrote, *"Adoption is one of the goals for the focus child. Recently, the caseworker met with a prospective adoptive home for the focus child but found them to be a poor match for the focus child. Seeing how well she is doing in her*

current placement, noting the past failed adoption and listening closely to the focus child's desire to remain in her current placement, the caseworker has recently decided to change the planning focus. The thinking to develop a new plan has been done, however a concrete plan has not yet been developed and implemented. Permanency for the focus child is still viewed as unfinished business."

In another case where permanency was challenged, it was noted, *"Permanency for the focus child remains in flux. Though the goal is reunification with the birth mother, it is not clear that the focus child's mother knows all that is expected of her in terms of a safety case plan to achieve reunification. The agency also appears to be struggling with the development of an in home safety plan, as previous plans which included installing door alarms and locks did not prevent the child from later leaving his home and walking the street unsupervised."*

Emotional Development and Behavioral Functioning: Regarding child emotional development and behavioral functioning, 50 percent and 70 percent of children scored in the 4-6 range respectively. Seventy percent of children also scored in the 4-6 range for behavioral risk to self and to others. It should be noted that two children under the age of three were not scored for these indicators. Forty-two percent of the children have a mental illness diagnosis and 17 percent were identified as having a behavior disorder. Four children were prescribed one or more psychotropic medications. Reviewers provided examples of how children were found to have emotional and/or behavioral challenges. One reviewer wrote, *"Emotionally and behaviorally, [the focus child] has challenging issues. She has multiple diagnoses including Attention Deficit Hyperactivity Disorder, Bipolar, Reactive Attachment Disorder and possible Fetal Alcohol Syndrome. She is currently prescribed Concerta and Zyprexa, both of which she has been on for three years."*

Another reviewer wrote, *"The focus child's medications have been successful in controlling his symptoms for large parts of the day; however he has reported the medication seems to wear off by the late afternoon. This has been identified as a potential contributor to his escalating outbursts which have become more violent. His provider has been making adjustments to the dosage of Vyvance and had just added the Depakote to his medication as part of the treatment process. The focus child reported being apprehensive regarding taking another drug."*

Learning and Development: Learning and development status was 67 percent in the 4-6 range. Information obtained regarding children's reading levels in Manitowoc County revealed that two children were reading at their assigned grade level, one child was reading above his/her assigned grade level, two children's reading levels were below their assigned grade level, one child's reading level was unknown, and six children were not rated for their reading level.

Sixty-seven percent of the children in the case sample had an educational placement in a regular school setting. Thirty-three percent of the children had part time special education. Two children under the age of four received early education through Birth to Three Program and Early Childhood. The reviewer of one case highlighted the strengths when the focus child's educational needs were met throughout his transition home. The reviewer wrote, *"The focus child also had to change schools when he returned to his mother. The focus child participates in an Individual Education Plan (IEP) at his school due to his inability to focus and his lack of eye*

sight. His current school programming appears to meet the focus child's educational needs. The focus child is described as being appropriate developmentally."

Another case demonstrated the challenges of the focus child and made note of how those challenges were being addressed. The reviewer wrote, *"[The focus child] is not yet potty trained and has been assessed by the Birth to Three Program as exhibiting delays in a number of areas. He currently receives speech therapy and occupational therapy (focused upon self care skills, attending to task and fine motor skills). He has 'blossomed' during the past month and his speech has notably improved, apparently after the leaking of a significant amount of fluid from his ears."*

One other case provided an example of how the focus child's struggles were further impacted when the systems working with her had differing determinations of her needs. *"At the time of the review, the focus child, who is in the seventh grade, demonstrated significant struggles in the school setting as it related to her academic achievement and development....She was already receiving failing grades in all of her classes. The focus child did not have an individual education plan in place....It is significant to note that the focus child recently completed a neuropsychological exam after being referred by the nurse practitioner who prescribes her psychotropic medications. That exam indicated the focus child has an IQ of 60 and identified a need for educational accommodations. Despite recommendations made, the child's mother reported the school decided not to further test the child. The school originally decided not to complete further testing as the focus child did much better on tests administered in their setting. The school was surprised by the IQ results and questioned if the focus child was failing classes due to a lack of motivation versus actually not understanding the materials. Despite this, the school has since decided to do further testing to determine the educational needs of the focus child."*

Parent/Caregiver Functioning and Progress Towards Independence: Along with safety and permanency, this group of indicators is among the most important in child welfare practice. Adequate parent caregiving capacity is essential to achievement of safety and permanency for children and a major system challenge because of the combination of past trauma, financial deprivation, social isolation and substance abuse present in many child welfare families. Performance on these indicators is consistently slow to change and they are considered lagging indicators compared with some areas of functioning which are more easily attained.

The following table reflects a group of indicators that are relevant to parent/caregiver capacity and independence from the system. As the table indicates, progress is needed in all these areas of parent status.

Indicator	Percent Scoring 4-6
Caregiver Capacities: Mother	45%
Caregiver Capacities: Father	17%
Parent Caregiver Challenges: Mother	55%
Parent Caregiver Challenges: Father	33%
Informal Support: Mother	36%
Informal Support: Father	83%
Family (of origin) Progress Toward Independence	30%

Fifty percent of parents have a co-occurring condition of mental illness and 25 percent are struggling with substance abuse/addition. Past life experiences and current challenges had left parents with little capacity to care for their children, or in some cases, themselves. Mental health issues, substance abuse/addiction, past trauma and lack of an informal support system all played roles in impairing parental capacity in many cases reviewed, as illustrated by the following examples:

"The father has some parenting challenges given he is diagnosed with Bipolar and Anxiety Disorder. The father's ability to demonstrate caregiving and parenting responsibilities has been compromised given he has had no contact with the focus child for approximately four years. The father has some informal supports such as his fiancé and his immediate family, who assist the father financially when needed, but he did not identify anyone in the community that is supportive of his family."

Of a mother who has a history of Alcohol and Other Drug Abuse (AODA) issues, a diagnosis of Post Traumatic Stress Disorder (PTSD), and a 10 year history of being sexually abused as a child a reviewer wrote, *"This woman is a victim of trauma who was raised in a very unclean home by a mother who introduced her to drugs and alcohol.... [The focus child's] mother has much to reconcile and move beyond as she starts her life over. Some concerns were noted about her long term recovery due to her lifelong male dependency issues."*

In another case, the mother's extensive history of untreated mental health and AODA issues appeared to significantly impact her ability to provide for her own basic needs as well as her child's. The reviewer wrote, *"The serious and worsening problems pose an elevated threat for the vulnerable focus child. She [the focus child] has no ability to protect herself from the high risk drug addictive activities, physical conflict in the home and lack of resources for basic needs."*

The parents in the case sample did exhibit many strengths as well, as one reviewer wrote, *"The mother also provides her child with the appropriate nurturance, guidance, protection, care and supervision. Her caregiving capacities are strong. To meet her child's needs, she has sought out informal and formal resources. Since reunification has occurred, she has utilized family for respite, and has also located appropriate child caregivers independently."*

Substitute Caregiver Functioning: Substitute caregiver caregiving capacities rated 100 percent in the 4-6 range. A reviewer wrote of a case where the child was residing in a shift staffed foster home, "*The treatment foster home provides 24 hour staff supervision and a structured environment. It appears the home is known to providers and the community, including the school, to be a good home. Staff are trained, experienced, and knowledgeable of the needs of the residents. The staff appear to demonstrate their ability to work with providers in a professional manner. There are no needs or challenges identified."*

Of considerable note in this county, was the attention given to the placement of children in out-of-home care. In two particular cases, the focus children were placed with a relative and with a family friend respectively. Both cases exemplified situations of strong substitute caregiver capacities, as noted below:

"She [substitute caregiver] is very aware of the focus child's need for constant supervision given his lack of safety awareness and has modified her home to help control his behavior."

"The grandma did indicate that there are warning signs prior to the focus child having an outburst. The grandma indicated that if you pay attention to the warning signs, back away and let the focus child deescalate, you can then approach the focus child later to review lessons learned."

Informal Support: The QSR scores for informal supports in the 4-6 range are 36 percent for mothers and 83 percent for fathers. This reflects the fact that many parents reviewed, especially mothers, had few informal supports, which can significantly undermine a family's ability to achieve and sustain parental capacity. Their isolation left many parents without personal (as opposed to professional) allies in addressing their daily challenges. A reviewer wrote for a case where the parent is in need of informal supports*, "The mother indicated she believed she would be in a 'psych ward' without the assistance of the agency....Living without a social worker is uncomfortable for the mother, who appears to be dependent upon that service."*

As compared to the mothers in the review sample, the fathers had a greater percentage of informal support systems in place. Reviewers provided an example in one case; "*His Informal Supports are quite good. He has a relative who has opened her home to his three children. He has a sister that has become very involved and supportive of both parents. He has other extended family members that are supportive as well."*

Trauma: There is no indicator in the protocol to rate the existence of prior trauma; however the review process does collect information about cases reviewed relative to trauma in the demographics section. The effects of trauma can be very harmful and pervasive to parents and children; this report will address trauma specifically in this section. One hundred percent of the children and eighty-three percent of parents in the review had been exposed to some type of trauma, which presents a daunting challenge for parents, their children and the system. The following case examples illustrate the impact and affects that trauma presents for individuals:

"The mother does have a significant history of trauma and life challenges. This includes losing one husband to suicide, witnessing the suicide, losing another partner to cancer, nursing that partner during his days in hospice, a forced kidnapping at the age of ten, sexual abuse, witnessing domestic violence, and other deaths of significance....She shares an awareness of how addressing her history of trauma has helped her to maintain sobriety."

"As stated previously, the mother in this case has been very forthright and serious about her need for trauma informed care. She has a significant history of trauma, and those needs are being addressed by service providers. The worker was hesitant to discuss the mother's trauma history with her. She was aware that discussions occurred historically between the previous worker and the mother. She also understood that treatment providers were addressing this with the mother. It is believed that having more information with regard to this mother's experiences would benefit the worker and team in place as they continue to monitor and plan for relapse prevention. The mother was very open and comfortable discussing her history of trauma with the reviewers."

"The mother also has an extensive history of trauma herself to include grief, loss, sexual abuse, physical abuse, and domestic violence. Despite years of counseling services, she was tearful and weepy when talking about her history. During her interview she did indicate feelings of depression and shared she had considered seeking medications."

System Performance Indicators

Outreach and Engagement: Outreach and engagements are viewed as a critical piece in successfully working with families. Engagement is building a trusting collaborative relationship with families in order to promote behavioral changes in a nonthreatening manner. Engagement of children scored at 82 percent in the 4-6 range. Engagement of the mother improved 16 percent from 2007 to 91 percent in 2011, and engagement of fathers was at 55 percent. Nationally, engagement of fathers remains a significant challenge. The review confirmed that Manitowoc County shares similar struggles with engaging fathers.

Strong engagement was seen in many cases with both mothers and children. One exemplary case for child engagement with the agency workers was described by the focus child herself, *"She is like another mom to me."* The reviewer further noted, *"One of the biggest strengths in this case, given the focus child's degree of shyness and huge trust issues, is her engagement with the county worker....She sees the worker caring about her and trying to do what is best for her."*

In another case, strong engagement was seen with a majority of the case participants; the one notable challenge was efforts to locate and engage an alleged father. *"Engagement is evident as all parties are in communication about relapse prevention planning. The mother stated her worker 'foresees things' and therefore continues dialogue with her when concerns arise about triggers and relapse potential....The substitute caregiver (uncle) also asserted that while working with the county everything was 'transparent.' He stated, 'Nothing was hidden.'"* However, it was further noted, *"When this family came to the attention of this county, the focus child's father was identified as an alleged father. He remains an alleged father to date. No notable progress has been made to establish paternity or involve him in case planning, despite the mother's assertions that she is working to establish paternity....There were no contacts made with the father during the time period under review."*

Engagement with the child decreased 18 percent since the 2007 review, and one case demonstrated how missing face to face contacts with the child inhibits engagement. The reviewer wrote, "*At the time of the review, the worker had not seen the focus child since May 2011. He had been at a summer camp for two months, but since his return he has missed the opportunity to meet with the worker for a variety of reasons."*

Despite the continued challenge with engaging fathers, specifically absent fathers, it is apparent that the agency workers are aware of the need to reach out to fathers, and in some cases have done so despite the fathers' resistance to involvement. One of the reviewers noted that, "*The case manger has also been consistent and steadfast in trying to reach the absent father including updating him on information regarding the focus child even when there is no response to her efforts."*

In another case the reviewer noted, *"When [the worker] became involved, she noted that the step-father was not an active participant in meetings with the family and immediately decided to engage him in services. While he was originally reluctant, the worker shared that she made attempts at each home visit to talk with the step-father and reach out to him to establish a helping relationship. When the step-father made it to the kitchen table (as he often stayed in other rooms during meetings) the worker stated she felt successful and drove away from the home with feelings of pride in her accomplishment. It is clear that the worker involved recognized the need for his involvement, and his involvement has very clearly been paramount for the mother's success in parenting her daughters."*

Role and Voice: Role and voice indicates that participants feel they have been heard and that goals and plans are developed collaboratively with the family and team members. Eighty two percent of children were found to have involvement in decision planning and decision-making in the 4-6 range, 91 percent of mothers, 55 percent of fathers and 89 percent of substitute caregivers. There is a correlation between engagement and role and voice of fathers. It is apparent that when fathers are not fully engaged, their opportunity to participate in the case planning for their family is limited. There is evidence in other QSR patterns over time that a high level of parent involvement in planning and decision making is correlated with successful achievement of other case goals. A couple examples of meaningful role and voice are provided as illustration of the importance of this indicator:

"The mother describes a positive relationship with the caseworker, stating she listens to her and 'sticks up' for her. She believes she has a say in the plan, noting the caseworker agreed with her request to reduce their meetings from weekly to monthly following her decision to voluntarily TPR. The aunt and uncle also describe a 'really good' relationship with the caseworker, stating she is not judgmental, and they can tell her anything. They feel the caseworker keeps them informed and helps 'even' them out when they express frustration with the situation. The caseworker has maintained regular contact with the prison social worker (who passes communication on to the father). While he disagrees with the TPR/adoption plan, he notes the caseworker has acknowledged his plan for reunification."

"The mother and focus child believe they have a role in the case. The mother requested an informal support to be invited to the team meetings which was accommodated by the worker. The focus child had a say in his recent move as well as in court for a permanency plan and extension hearing held the week of this review. The focus child for the first time expressed himself to the court regarding his preference for reunification."

Coordination: Coordination performance was 75 percent in the 4-6 range. One reviewer was able to simply define an example of positive coordination, *"The worker is the point of coordination and leadership. The worker refers for services, monitors and adapts when necessary."* Another reviewer made note that, *"The social worker is the single point of coordination and leadership. She plans, implements ideas and monitors the status of services.*

Another case, however, provided an example of the need for case participants to have a single point of contact to assure everyone involved is aware of the child's needs. The reviewer wrote, *"When contacted, the school was unaware that the focus child was working with child protective services. There has been no contact between the social worker and the therapist or the nurse*

practitioner. As stated previously, there is a presenting need to ensure the focus child's educational needs are being met, and many different providers appear to be contacting the school. There is no one point of contact for everyone involved to manage service delivery, track services and adjust when necessary."

Family Teamwork: The results from this indicator demonstrate that this is an area of development for MCHSD. Teaming is a core principle and value of the QSR model. When there is strong team formation and functioning, other areas of practice are enhanced such as assessment, planning, tracking and adjustment. Effective teaming improves outcomes for children and families. Formation is examining if all key participants in the family's life are present at the team meeting and include formal and informal supports. Functioning is inquiring if the team is operating together; is there a shared big picture understanding of the goals and needs of the family and are the strategies in place? The team, not only the case manager, are assessing, planning, tracking and adjusting as needed to assist the family in achieving desired outcomes. Team formation scored 67 percent in the 4-6 range and team functioning scored 50 percent in that range. The following cases illustrate examples where strong coordination, as noted above, links with strong teaming, as well as some areas of opportunity with team formation and functioning, and in some cases, simply by just adding another individual to the team:

"There is a team that meets regularly depending upon the status and availability of the parents. The team includes the social worker and a coworker that assists her at times, their supervisor, the parents, the foster parents, the father's sister, the parent support worker, the therapists and other providers that may be involved."

"The team involved meets regularly with clearly established agendas. Those meetings have increased surrounding the recent reunification to ensure for the safety of the child."

"The team includes informal supports for the mother, service providers, the teacher, the mother, and the focus child. The team meetings are held regularly, monthly, which is also formally documented as to the information shared and decisions made and maintained in the file. The mother believes the team meetings are purposeful and the focus child believes the worker will follow through with the plans. The worker shared there is only one member missing from the team which she had already begun to rectify by inviting the mentor to the meetings. The reviewers believe that when preparations for reunification begin the step father should also attend the team meetings."

"The Birth to Three Program is quite knowledgeable regarding the focus child and might assist in developing a strategy to address the focus child's sleeping and hearing issues but they are not included on the team."

"It was noted that although the father, stepmother and focus child were offered opportunities to participate in planning, they chose to take a limited and passive role. This impacted on Team Functioning and Behavior Outcomes for the parents and focus child. The worker discontinued team meetings when father stopped their participation in family counseling."

Assessment and Understanding: Like teamwork, the assessment and understanding indicators also address two areas of practice, safety assessment and overall assessment. Safety assessment scored 100 percent in the 4-6 range and overall assessment scored 83 percent in the 4-6 range; both improvements since the 2007 QSR. It is critical when working with children and parents to complete a comprehensive assessment of the family's strengths and underlying needs. Families are dealing with numerous external and internal challenges that greatly impact their everyday functioning. The family team needs to have a clear understanding of the family's underlying needs to implement the most appropriate, least intrusive intervention to sustain behavioral changes. Two case examples that illustrate effective safety and overall assessment are provided below:

"Everyone understands the danger threats for the child (the mother's out of control drug usage), the need for continued placement and supervised visits to address these threats, and what must change for the focus child to be safe. The aunt understands her role in ensuring the focus child's safety through placement and during supervised visits with his mother."

"The overall assessment took into consideration the family's strengths and needs, considered placement and school transitions with a shared goal of reunification. The case manager recognized the focus child's need for attention from her father and matched services to support building the father and focus child relationship."

Long-Term View: Identification of what needs to be present in order to safely close the case improves the likelihood of achieving those outcomes. Several cases were working towards the permanency goal and team members could verbalize what was needed for the child to either remain in the home, to be returned to the home, or move to termination of parental rights. However, there were a few cases reviewed that when asked, "What does the end look like?" or "What needs to happen for the case to close with the county?" few individuals could offer specific answers. Fifty-eight percent of cases rated in the 4-6 range for this indicator. Below are case examples where long-term view is a challenge, which reveal impacts on permanency and progress toward independence.

"Permanency planning appears to have been sequential rather than concurrent. The focus was upon reunification with the mother until her decision to voluntarily terminate her parental rights in March 2011. Months later, it was determined there were not grounds to involuntarily terminate the father's rights, and the court conditions needed to be revised to reflect his status as an incarcerated parent. At the time of the review, the required Revision Court Hearing to adjust the father's Conditions for Return of the Child, had not yet been scheduled. The focus child has been in out-of-home care over half of his life and there is no clear timeline for when permanency will be achieved. The adequacy and timeliness of intervention is minimally adequate to achieve permanency."

"…the focus child has had three placements during her short life, necessitating continued attention to planning should reunification fail for a fourth time. A comprehensive safety/crisis plan is in place for the mother should she relapse. What is unclear, however, is the permanency plan for the focus child if the mother relapses....While there are informal supports in place, it is unclear as to whether or not those supports are sustainable for the long term. In sum, the child requires stability and permanency for the long-term. While it is apparent the child and mother

are thriving, continued efforts towards concurrent planning are warranted should this placement fail."

"This case has been in the system for the duration of the focus child's life. There is no real understanding of what is required to meet safe case closure, and concerns continue with regard to the children's sexualized behaviors and potential for sexual victimization. There are no identified sustainable supports in place that could assist this family in the absence of formal supports that have been used for years. A genuine question of what to do next exists."

Planning a Change Process: Planning has four components, safety management, permanency planning, behavioral outcomes and sustainable supports. Planning for safety management was 82 percent in the 4-6 range, permanency planning was 57 percent in the 4-6 range, behavioral outcomes for the child/youth was 88 percent in the 4-6 range, and 67 percent in the 4-6 range for the parent/family. Sustainable supports was also 67 percent in the 4-6 range.

Planning for safety management is an integral part of working with families involved in CPS. Exceptional safety planning was seen in two particular cases. The first case, the reviewer noted, *"Overall, safety plans have been impressive. One safety plan that was in place during a previous attempt to reunify the child was strong for a number of reasons. It identified the use of informal supports. That plan indicated who was responsible for monitoring the home, when, and what to look for. As a part of the safety plan, each informal support person was given information on the mother's triggers, information on how the mother looked when things were not going well, and signs to watch for that may indicate she was using or under the influence. Activities to help the mother maintain sobriety were also identified. All informal supports signed this document, to which all of the aforementioned information was also attached."* In the second case it was stated, *"The strategies in place for safety management are required for the focus child given his supervision needs. The strategies are sufficient, aligned and integrated across providers and environments. There is a crisis plan which identifies the child's triggers, and also identifies who to call with their numbers. A formal safety plan was developed for the focus child to have contact with his sister. The safety plan clearly establishes boundaries that need to be followed by the focus child and enforced by the mother. The school and home have strategies in place for supervision. The staff escort the focus to his classroom at which there is communication between the teacher and staff regarding the focus child's behaviors the night before; then again after school. Staff come to the classroom and, again, there is communication between the staff and teacher regarding the focus child's behaviors and success at school that day. The mentor is aware of the 'eyeball to eyeball' supervision requirements during community outings. The mother understands and complies with the safety plan developed for when the focus child has contact with his sister. The mother demonstrated her understanding of the 'eyeball to eyeball' supervision required in the community."*

One case provided an example of how practice is impacted when parents are not engaged in the change process. The reviewer wrote, *"While a good plan was developed to address required behavioral changes for the parents, that plan was not successful. The father had opportunities to address his AODA issues while in prison, but his behavior prevented him from participating in treatment. The mother has made the decision to discontinue working on the behavioral change plan."*

Resource and Support Use: There are three elements to resource and support use; youth/child use, which was 80 percent in the 4-6 range, parent/family use, which was 64 percent in the 4-6 range, and substitute caregiver use, which was 80 percent in the 4-6 range. Examples of good resource availability and limited resource and support use follow:

"No additional resources or supports appear to be needed at present. The formal supports that are in place are the right services for the mother's needs. Her need for therapy to address her history of trauma has been met in residential treatment and in individual and group therapy."

"There appears to be an opportunity to enhance the planning and make it more concrete, such as by confirming that services as part of the delinquency court order support the focus child's request for a psychiatric evaluation and individual counseling with a trauma focus, as well as the grandma's desire for family counseling."

Tracking and Adjustment: Seventy-five percent of cases rated in the 4-6 range for tracking. Effective tracking requires maintaining ongoing situational awareness of the child and family. Is all the information that is available being obtained and used in the assessment and planning? Effective adjustment depends upon understanding and acting on what is working and not working for the family to meet the conditions for safe case closure. How well is the service team finding out what works for the child and family and then using the information appropriately? It is expected that the case plan created with the family at the start of a case will not be the same case plan at the time of reunification or closing. Sixty-seven percent cases rated in the 4-6 range for adjustment.

A good example of practice in this area a reviewer wrote, *"There is effective Tracking and Adjustment of the case plan. The case manager has good situational awareness of all the case participants. Especially during foster care placements, the case manager implemented strategies to address problems and ensure safety while maintaining everyone's focus on the goal of reunification."*

Another reviewer provided an example of how good coordination impacts tracking and how a limited team impacts adjustment. The reviewer wrote, *"The worker has been able to track the changes in this case, but evidence of adjusting the strategies or approach taken with the family is not yet noted. Adjustment should occur naturally once a team is identified and begins to meet routinely."*

Cultural Accommodations: Cultural accommodations are an area of specialized practice where the QSR looks at the degree to which specialized accommodations are made in response to identified cultural issues within the family. No cases were scored for this indicator.

Maintaining Relationships: The review examined the nature and quality of interactions and relationships between children in out-of-home care and other members of their family. Maintenance of family relationships involves supports such as visits, other forms of contact and communication, family involvement in decisions affecting children, and planning. The scores below reveal concerted efforts by the agency to maintain a high quality of birth mother and sibling relationships by creative use of visitation and planning. It also reveals, as is the case with

other indicators related to the role and involvement of fathers, scores for father relationships to be quite low.

Maintaining Relationships	
Family Member	**Percent Scoring 4-6**
Family interactions: Birth mother	100%
Family interactions: Birth father	17%
Family interactions: Siblings	100%
Quality relationships: Birth mother	100%
Quality relationships: Birth father	17%
Quality relationships: Siblings	100%

The following reviewer documentation identifies the efforts to maintain family relationships:

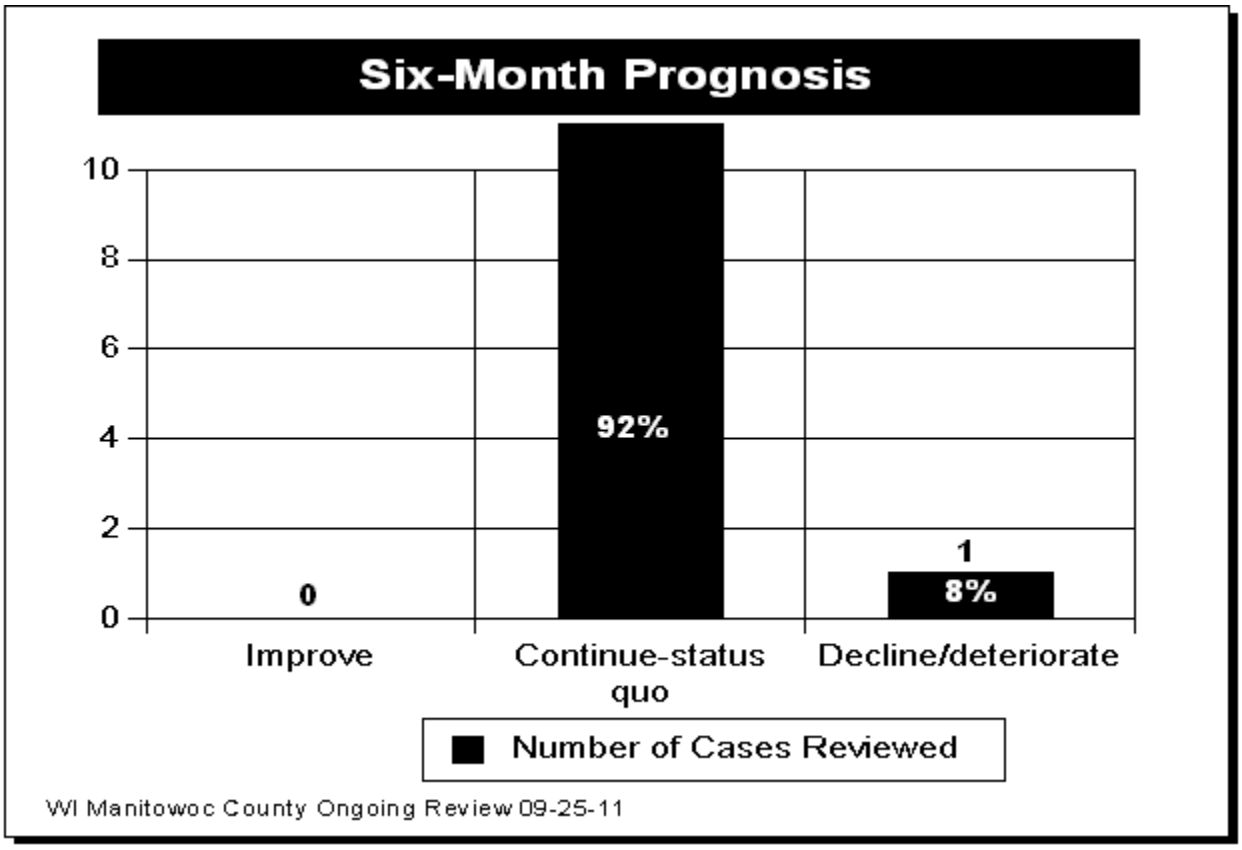
"The focus child's extended family has been supportive of him and his mother throughout their involvement with the agency, and the agency has worked with the family to ensure this support continues (licensing the aunt as a Level two foster home, approving the uncle's sister as a respite provider for the child, encouraging visits between the child and extended family members)."

"When the caseworker realized the mother was not visiting the focus child as frequently when the visits were scheduled at the agency, the visits were rescheduled to occur in the home of the aunt; when the mother requested that her visits with the caseworker be reduced from weekly to monthly, that request was honored....his aunt arranges regular visits with his half-brother and his maternal grandmother. These visits have helped the focus child maintain relationships with members of his extended family."

"It is of significance to note that while this child has resided with the same relatives during each out-of-home placement, the county established a visitation plan that allowed the mother multiple, regular, extensive visits. As evidenced by attachment behaviors noted, that consistency of contact assisted in the continuity of that relationship."

As previously noted, the challenge has been in maintaining quality interactions between children and their fathers, for a variety of reasons. One case outlined some barriers, *"The father expressed his desire to visit the focus child in March, but only two supervised visits have occurred since then (partly due to his behavior which makes him unavailable for visitation). There is no regular visitation schedule between the father and son, and the visitation that has occurred has been minimally effective in building/maintaining a bond between them."*

Case Prognosis Forecast: Reviewers project the status of each case based on current circumstances and performance – improve, status quo, decline in the next six months. Collectively, the cases in this review were projected to have the following status six months from the review.



Permanency Pathway Practice Performance

The Permanency Pathway (PP) protocol is designed to evaluate the quality of child welfare services offered to children whose parents have experienced a termination of their parental rights (TPR) and whose permanency plan is adoption. The PP protocol provides an opportunity to study practice before, during, and after a TPR and examines the practice of three different systems: 1) county child welfare; 2) permanency consultation offered through the Wisconsin Department of Children and Families; and 3) adoption services offered through contracted agencies.

MCHSD receives permanency consultation services through the Northeast Region, with a permanency consultant based in Fond du Lac. Lutheran Social Services, out of Appleton, is the adoption agency contracted to provide services for MCHSD. Two cases were reviewed during the review week, which included interviews with the county ongoing worker for the focus child's case, the state permanency consultant, and the contract agency adoption worker who works with the child and family after TPR. Of the two cases reviewed, both of the focus children were female and living in a pre-adoptive home. One child was in the age group 0-4 years and the other in the age group 5-9 years.

The indicators related to status and practice performance in the PP QSR protocol are similar to those of the Ongoing QSR protocol. The PP protocol has a number of additional areas of attention related to adoptive practice: preparation for adoption for the child and pre-adoptive

family, the family's integration of the child into the family unit, and to the ability of the family to sustain the adoption throughout the child's life. In addition, consideration is given in the practice area to Family Selection, to Transitions within the Systems, to planning for Maintaining Relationships following adoption finalization, and to Case Closure.

The findings related to the two cases are summarized below. Indicators that showed particular information related to practice are included.

	Improvement	**Refinement**	**Maintenance**
Overall Child Status	0%	50%	50%
Overall Parent Status	0%	0%	100%
Overall Adoptive Family Status	0%	0%	100%
Overall Practice Performance	0%	0%	100%
• Intervention Adequacy	0%	0%	100%
• Transitions/System	NA	NA	NA
• Coordination	0%	0%	100%
• Teamwork: Formation	0%	100%	0%

The overall results of the PP review showed positive results in a number of areas. The first portion of the table relates to the three status indicators, child status, parent/caregiver status, and adoptive family status. The children, both, who have undergone TPR, have had an open case at the Ongoing level with the county, followed by a transfer of case management responsibilities to the contract adoption agency following TPR. As such, it is to be hoped that the child has reached a stable situation and will be going through the emotional work with the pre-adoptive family to become a full member of the new family. One child in the sample had an overall status in the maintenance zone and the other in the refinement zone. In addition, caregiver status for both cases, who were both pre-adoptive parents, rated in the maintenance zone. The third status indicator relates to the integration of the child into the adoptive family and the preparation of the family for sustaining the adoption; both families rated in the maintenance zone.

The overall practice performance indicators additionally showed areas of strength; both cases were in the maintenance zone. Of the 13 practice indicators in the PP protocol, four different indicators are highlighted. The practice challenge that stood out, amongst many areas of strength, was the lack of transition meetings from the county to the private adoption agency at the time of TPR, which resulted in missing information and no discussion regarding the maintenance of sibling relationships. The reviews of both cases noted that case transfer did not involve a face-to-face meeting between the ongoing worker and the contract agency adoption worker. Areas of opportunity in practice related to the consequences of an inadequate transition relate to issues of Coordination and Teamwork. Intervention Adequacy can be a related factor, as the adoption worker may not have access to the information or resources that would support moving toward a sustainable adoption finalization.

The following information contains themes and patterns which were collected from the review of two PP cases.

Strengths:

- There appeared to be thoughtful matching of the child and adoptive family; one child was placed with an adoptive family with whom she already had a relationship and the other child was placed in a home where the pre-adoptive mother was a stay at home parent who worked well with young parents of the children she fostered.
- The workers and pre-adoptive parents in both cases had clear understandings of the children's need and how to address those needs.
- There was thorough information on the child and case history captured in the file documents that were transferred from the county to the adoption agency.

Challenges:

- Both adoptive families displayed hesitancies to maintain biological sibling connections.
- There is a need to prepare the children and adoptive families for adoption by including an enhanced child history and preparing the adoptive families for future questions and cultural considerations of the adoptive children.
- There is a need to develop an effective and seamless systems transition of cases between the county, state permanency consultant, and the adoption agency.

Indian Child Welfare Practice Performance

The Indian Child Welfare (ICW) compliance based review is designed to ensure compliance with the required documentation of ICW activities related to identification of American Indian children and proper notification of tribes. The review is compliance based and mostly a file review that includes one joint interview with Initial Assessment and Ongoing workers if needed. Areas of focus include identification of a child's American Indian status, the request for confirmation of the child's American Indian status, active efforts by the agency to prevent family breakup, and court ordered placements

Manitowoc County had just one Child in Need of Protection or Services (CHIPS) case with a child identified as having possible American Indian heritage. This case was reviewed and review information will be included in yearly document of overall statewide findings.

From this review, the reviewers learned that in 2005, the child was identified as having American Indian Heritage. Requests for Confirmation of Child's Indian Status were completed and sent to four different American Indian tribes. The agency received three responses indicating the child was not eligible for enrollment; these responses were kept in the agency file. The agency file also indicated the Biological Family History was completed and sent, although this document could not be located.

Because one tribe did not respond to the agency's Request for Confirmation of Child's Status as Indian, the agency has an obligation to continue notifying the tribe and requesting confirmation of the child's status as Indian. The agency also has an obligation to continue notifying the tribe of court proceedings until the tribe indicates the child is not eligible for enrollment.

VI. Recommendations

1. It is recommended Manitowoc County implement strategies to improve consistency of quality and completeness of child abuse and neglect (CAN) reports in Access. The current inconsistencies related to the quality and completeness of CAN reports generates risk and liability because it can increase the number of false positives and false negatives. Through not gathering the required information identified in the standards, there is an increase in the likelihood of erroneously screening a case out that should have been screened in (false negative). False positives negatively affect workload by leading to an investigation of a case that should have been screened out.

2. It is recommended Manitowoc County develop strategies to engage fathers and/or non-custodial parents. There is a pattern of lack of father engagement; a challenge Manitowoc County shares with other systems in the state and country. There appears to be a trend of fathers who do not want to maintain contact with their children and/or the agency, which results in outreach and engagement efforts being limited. It is recommended Manitowoc County explore new approaches to strengthen engagement of fathers, provide supervisors with case consultation tools that will help case managers focus more skillfully on engaging fathers, and increase accountability for performance in this area.

3. It is recommended Manitowoc County develop and support a consistent approach to teaming. Stakeholder and staff interviews revealed teaming is inconsistent among workers and cases. This is supported by the findings from the case reviews, as team formation and functioning scored 67 percent and 50 percent in the acceptable range respectively. While agency workers have attended the teaming foundation training, and the agency previously adopted the Coordinated Services Team (CST) model, it was reported this model does not meet the needs of all the clientele served. It is recommended that Manitowoc County develop and implement a formal training and mentoring process that assists workers in developing the skills to facilitate family team meetings. It is anticipated that implementing this recommendation will improve practice in this area. It should be noted that in the past year the agency has implemented concurrent planning meetings for children in out-of-home care six months or longer as well as team meetings between Initial Assessment, Ongoing, foster parents, and birth parents within five days of an out-of-home placement. Both of these meetings include team members and appear to be promising approaches to teaming.

   Furthermore, correlation between teaming scores and long term view scores was noted. Of the six cases where team functioning scored unacceptable, five scored unacceptable for long term view. Of the remaining six cases, where team functioning scored in the acceptable range, all scored acceptable for long term view. This suggests that when the formal and informal supports to the family work within a teaming model, they are more likely to understand and agree on the defined conditions that must be met for safe case closure.

4. It is recommended Manitowoc County develop strategies to decrease the high out-of-home care re-entry rate of children within 12 months of reunification. The federal target is that of all children who enter out-of-home care during a reporting period, 9.9 percent or fewer re-enter out-of-home care within 12 months of reunification. According to a December 2011 study by the Division of Safety and Permanence (DSP) between 2008 and 2011 revealed Manitowoc County had an average re-entry rate of 32.99 percent. The analysis further revealed the age of the children most likely to re-enter out-of-home care are within the zero to four age range, and most likely to re-enter within three to six months of reunification. Further exploration of what may be impacting the elevated re-entry rate would be necessary in determining an appropriate solution. Possible areas of exploration include researching and reviewing cases where re-entry has occurred to determine what factors are contributing to this area of practice and developing and implementing targeted strategies to decrease the number of children re-entering out-of-home care within 12 months.

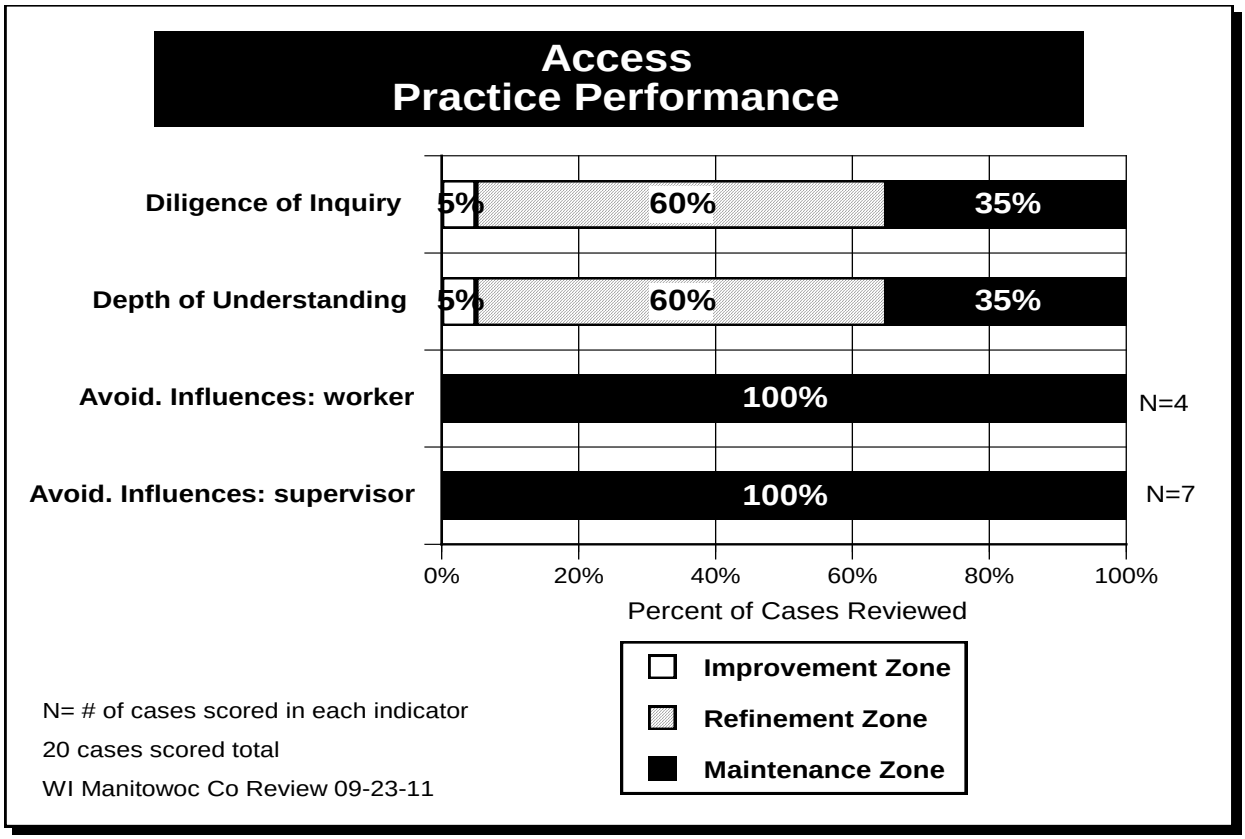
Appendix I

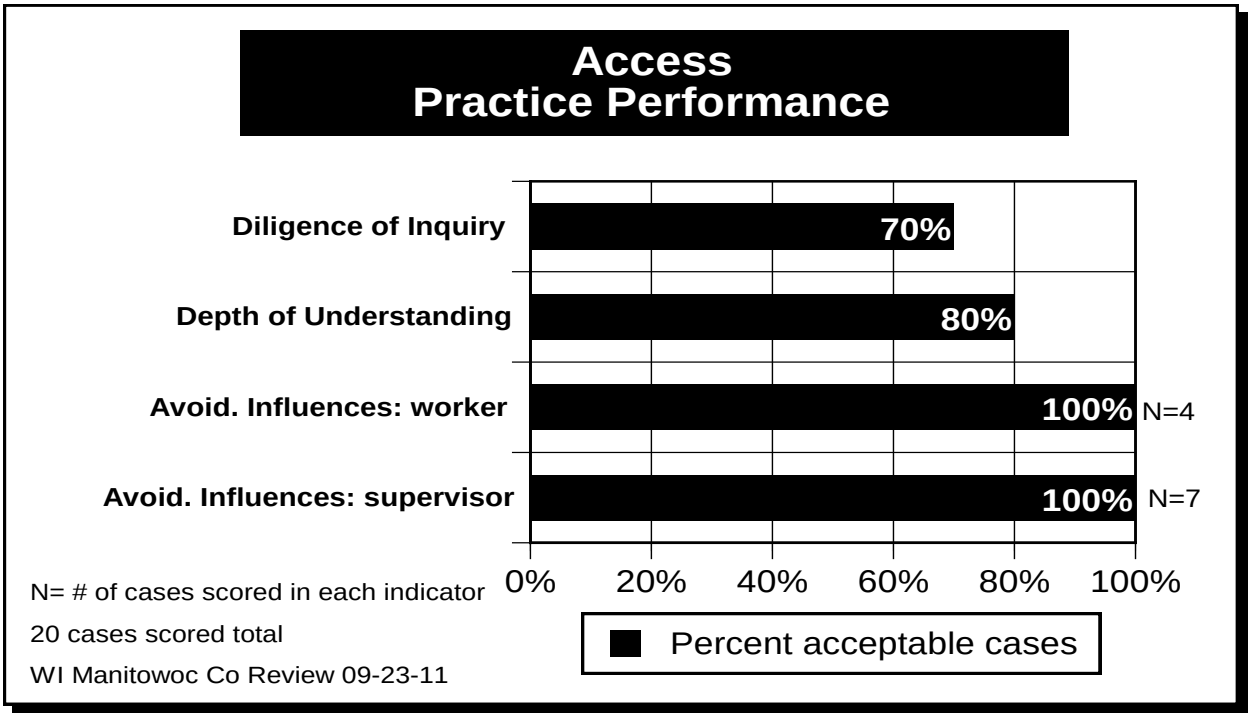
Review Findings

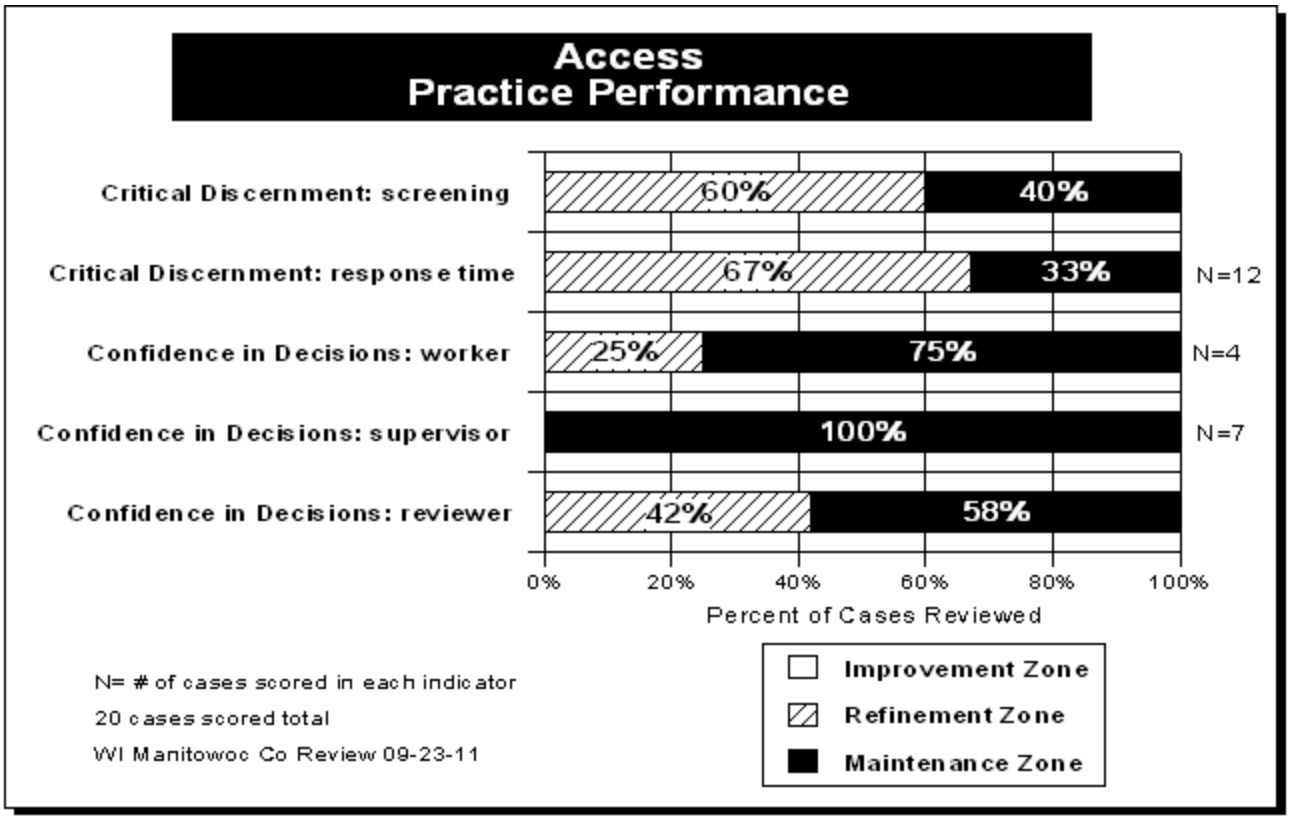
In the following, QSR data is reported in two ways. On each of the following pages related to scores, there are two different charts for each indicator. The first chart on each page uses a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement Zone, meaning that status/performance is poor and worsening and that immediate attention is needed to improve the case. Scores of 3-4 are combined in a band identified as Refinement Zone, meaning that status/performance range from minimally unacceptable to minimally acceptable. Scores 5-6 are in the Maintenance Zone, meaning that performance is good to excellent and superior work should be maintained.

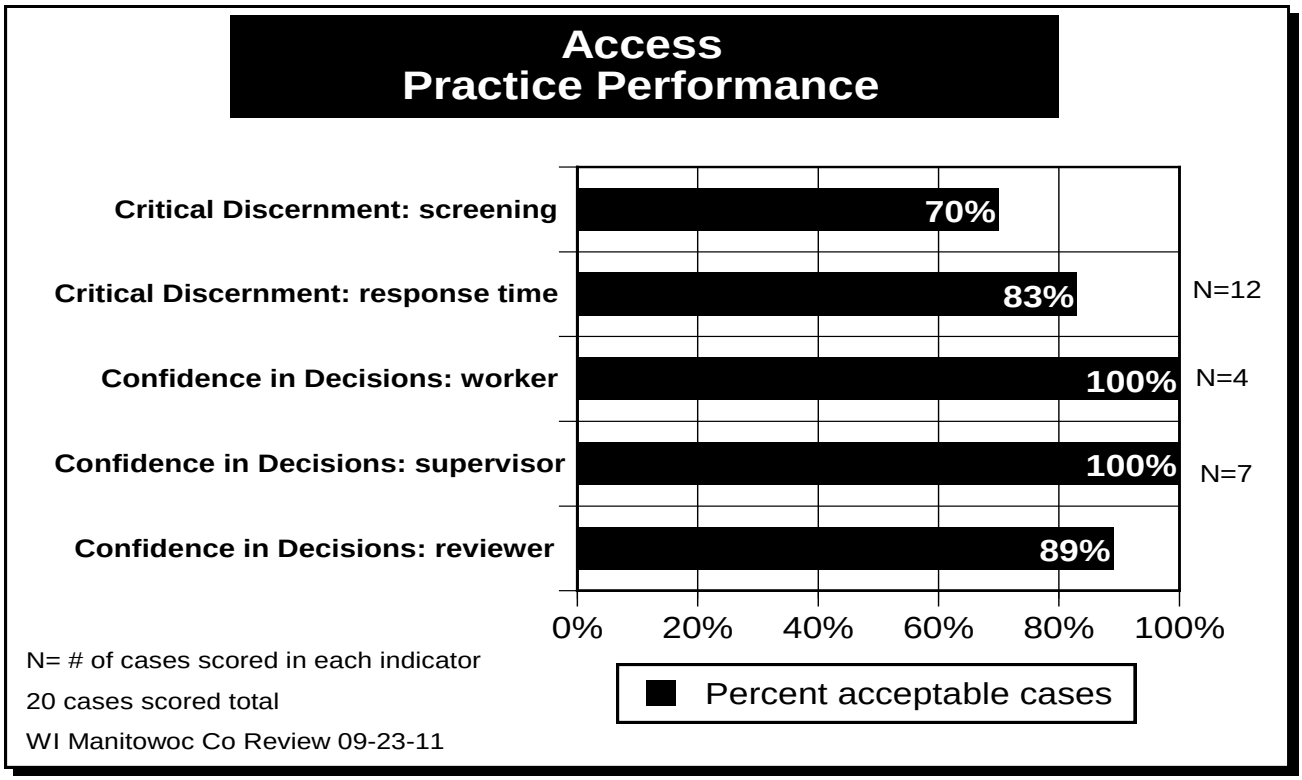
The second table for each indicator distinguishes status and system performance based on the percentage of cases that fall in the Minimally Acceptable to Optimal range, meaning cases that score between 4 (minimally acceptable) and 6 (optimal performance). This presentation of data sharpens the distinction between those cases still needing concerted action (scores of 3 or lower) and those that have moved into the fully acceptable range (scores of 4 or higher), reducing the blurring of performance when 3 and 4 are combined in a single band.

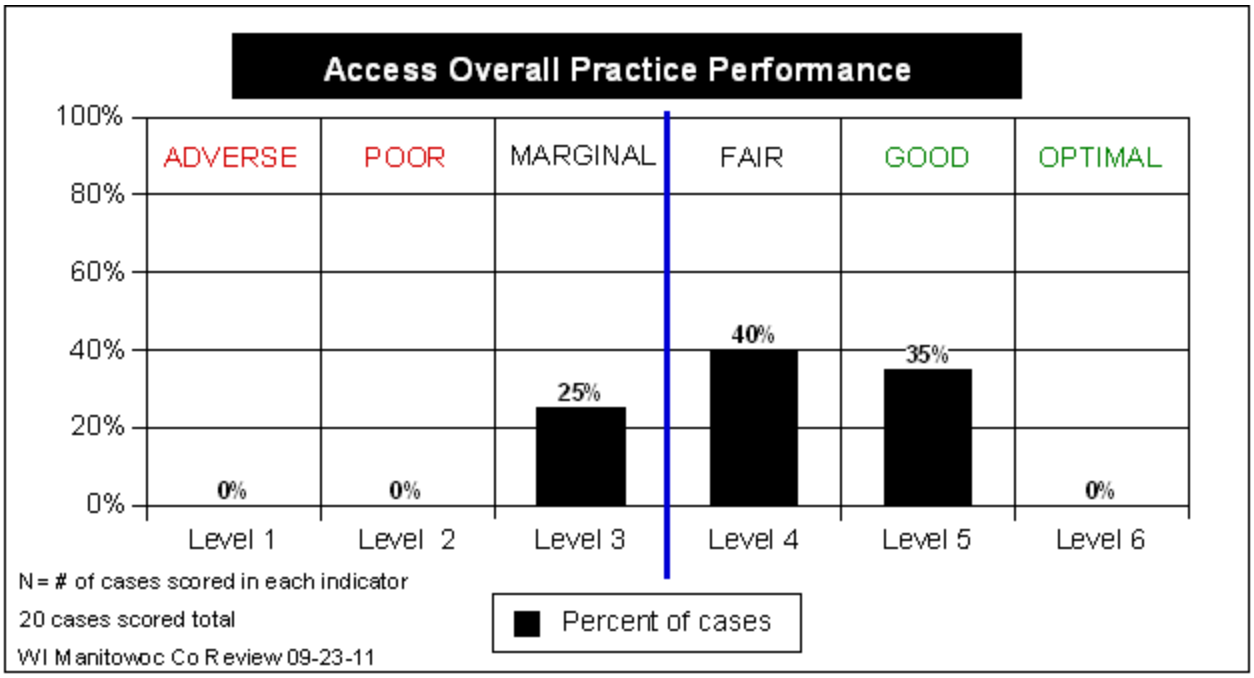
The scores for Access practice in the Manitowoc County review are presented in the following tables.





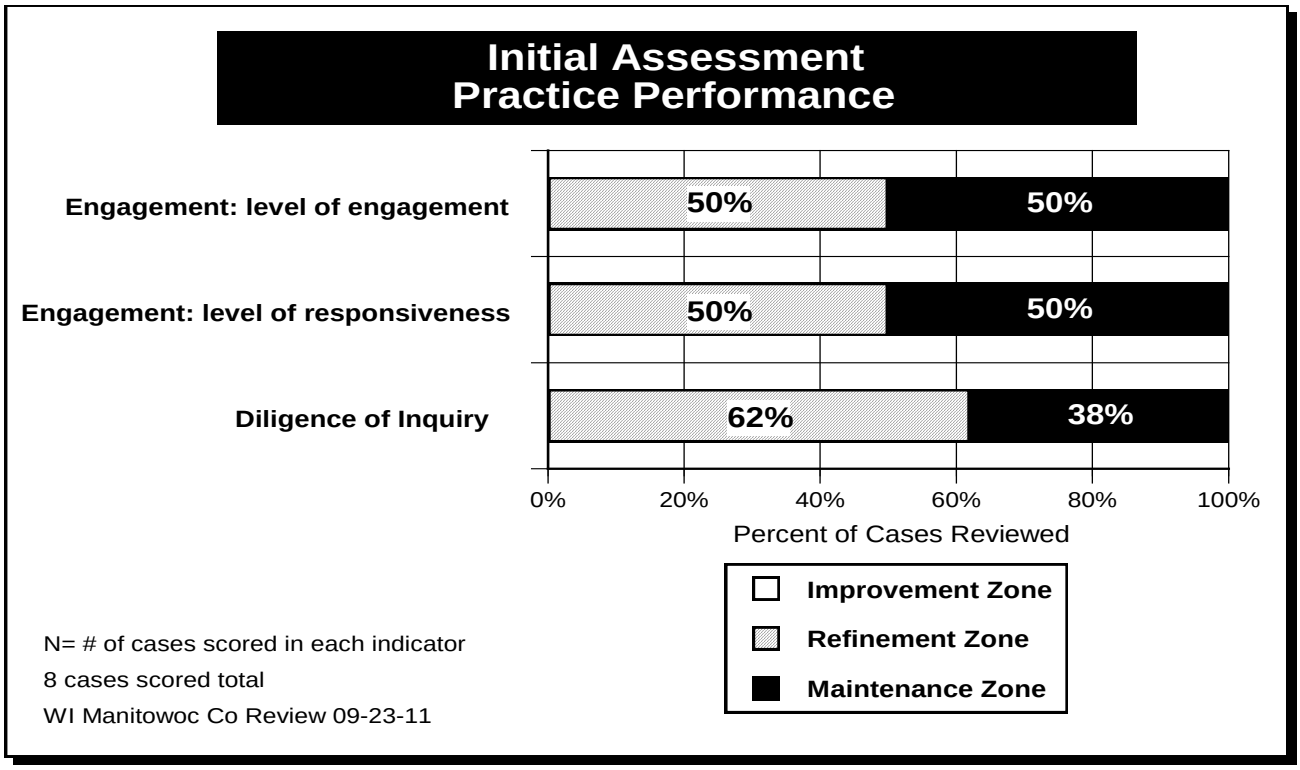

Access
Practice Performance
Critical Discernment: screening
Critical Discernment: response time
Confidence in Decisions: worker
Confidence in Decisions: supervisor
Confidence in Decisions: reviewer
60%
40%
67%
33%
25%
75%
100%
42%
58%
N=12
N=4
N=7
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
N= # of cases scored in each indicator
20 cases scored total
WI Manitowoc Co Review 09-23-11
Improvement Zone
Refinement Zone
Maintenance Zone

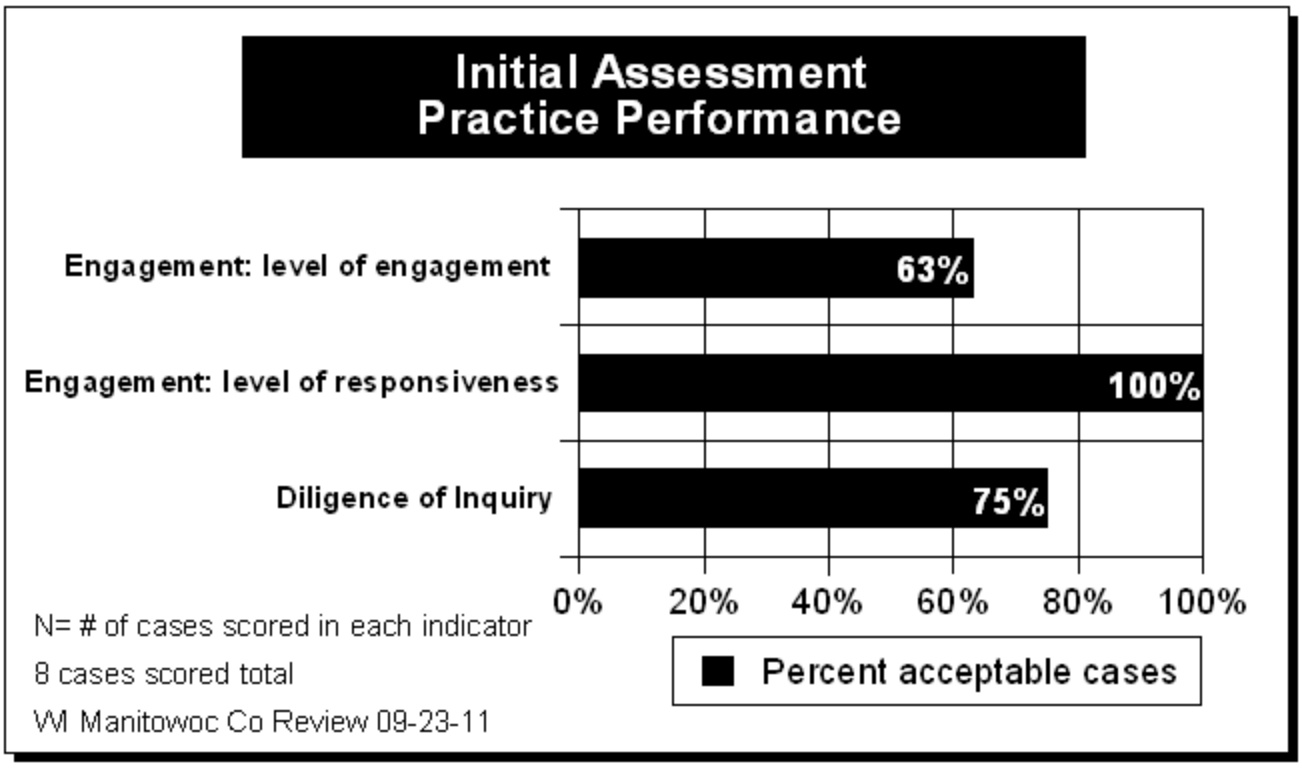

Access
Practice Performance
Critical Discernment: screening
Critical Discernment: response time
Confidence in Decisions: worker
Confidence in Decisions: supervisor
Confidence in Decisions: reviewer
70%
83%
100%
100%
89%
N=12
N=4
N=7
0%
20%
40%
60%
80%
100%
N= # of cases scored in each indicator
20 cases scored total
WI Manitowoc Co Review 09-23-11
Percent acceptable cases

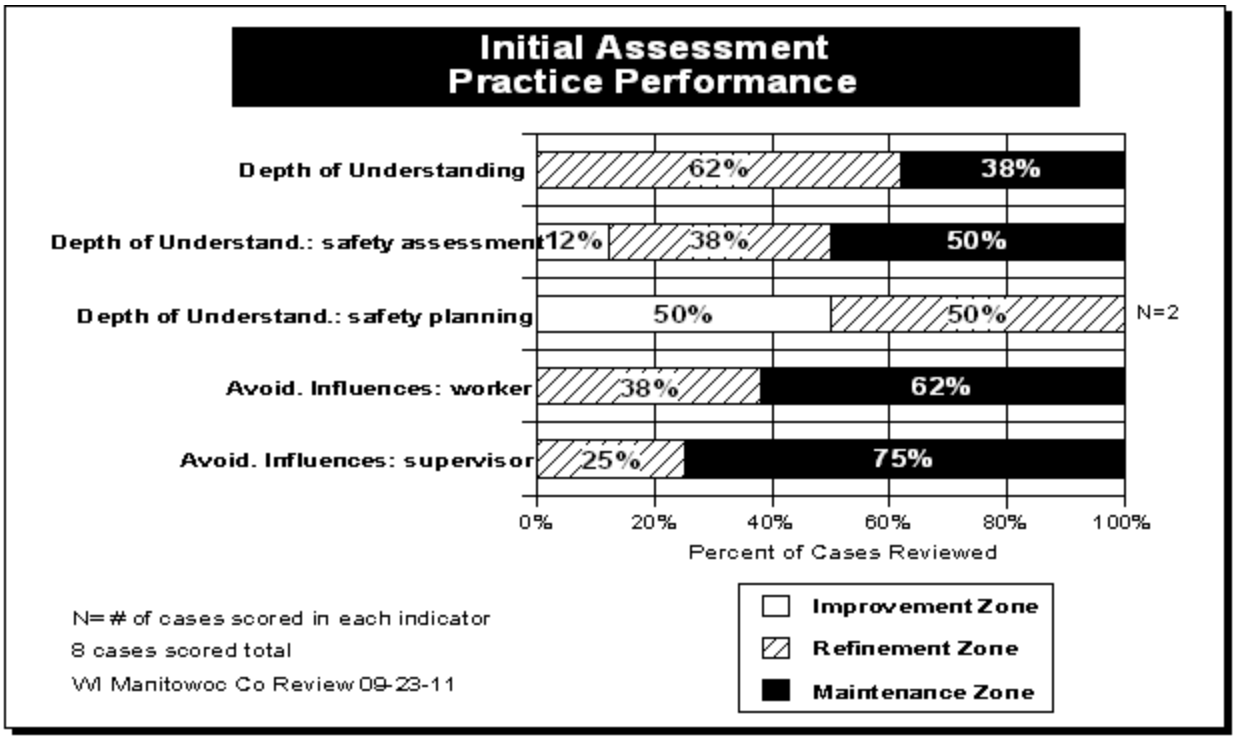

Access Overall Practice Performance
100%
80%
60%
40%
20%
0%
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
0%
0%
25%
40%
35%
0%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
N = # of cases scored in each indicator
20 cases scored total
WI Manitowoc Co Review 09-23-11
Percent of cases

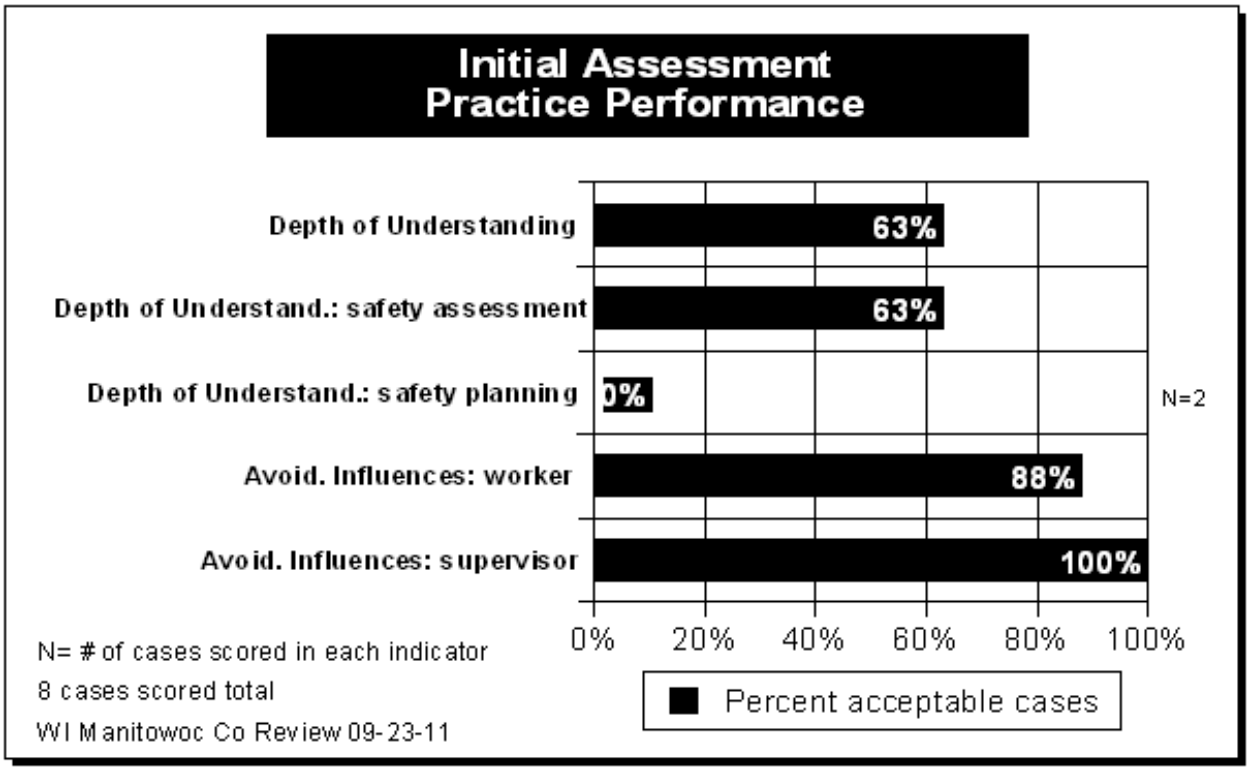

IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE

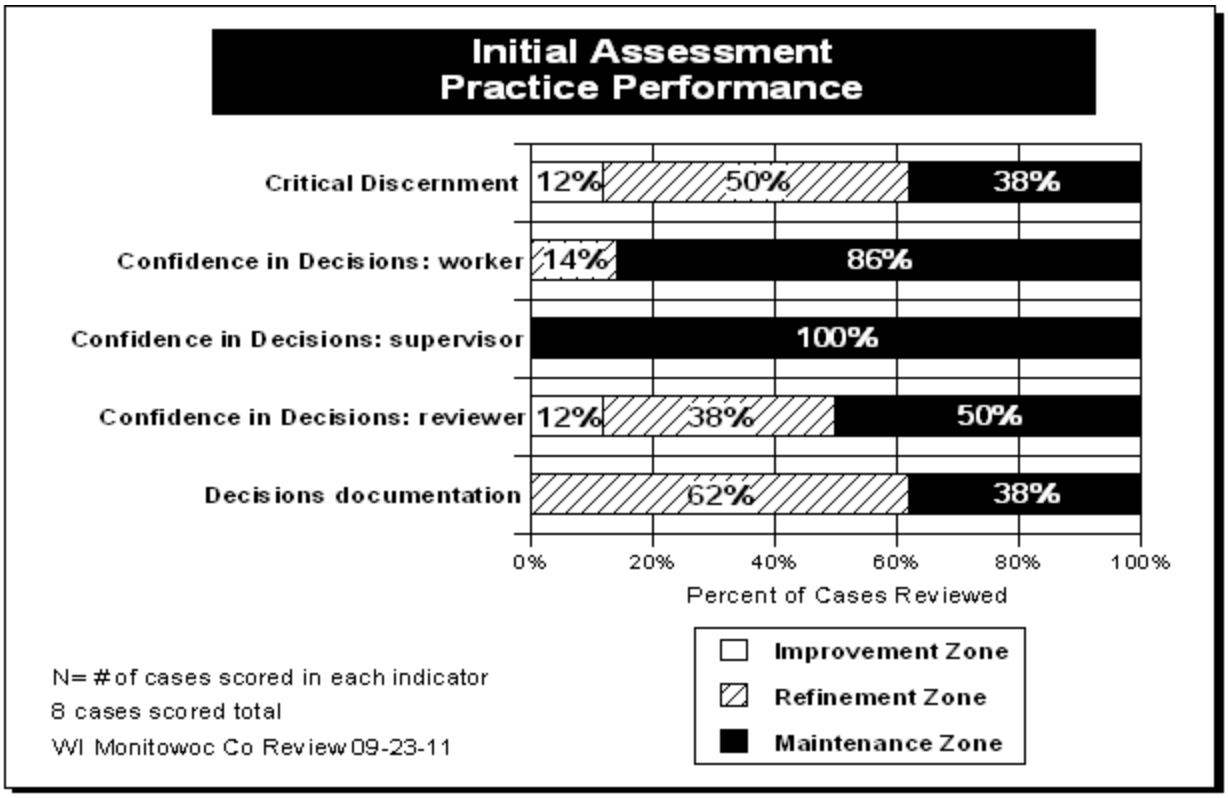
The scores for Initial Assessment practice in the Manitowoc County review are presented in the following tables.

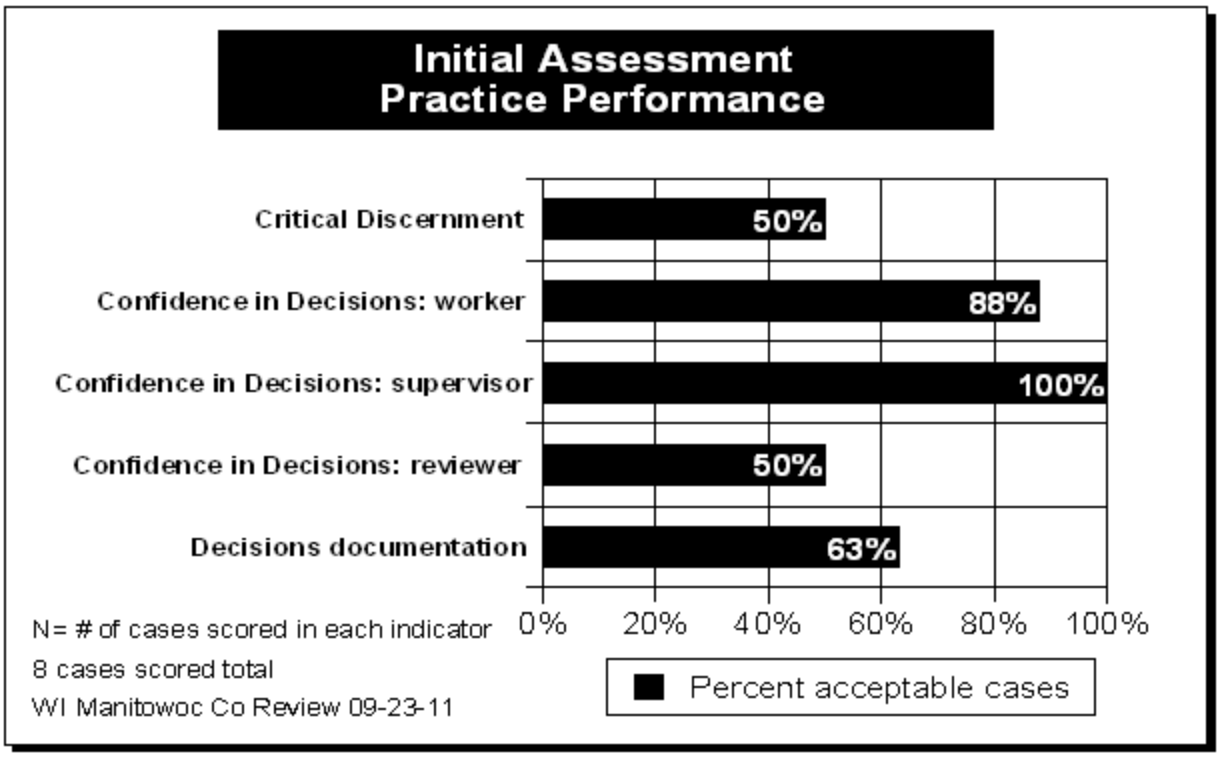


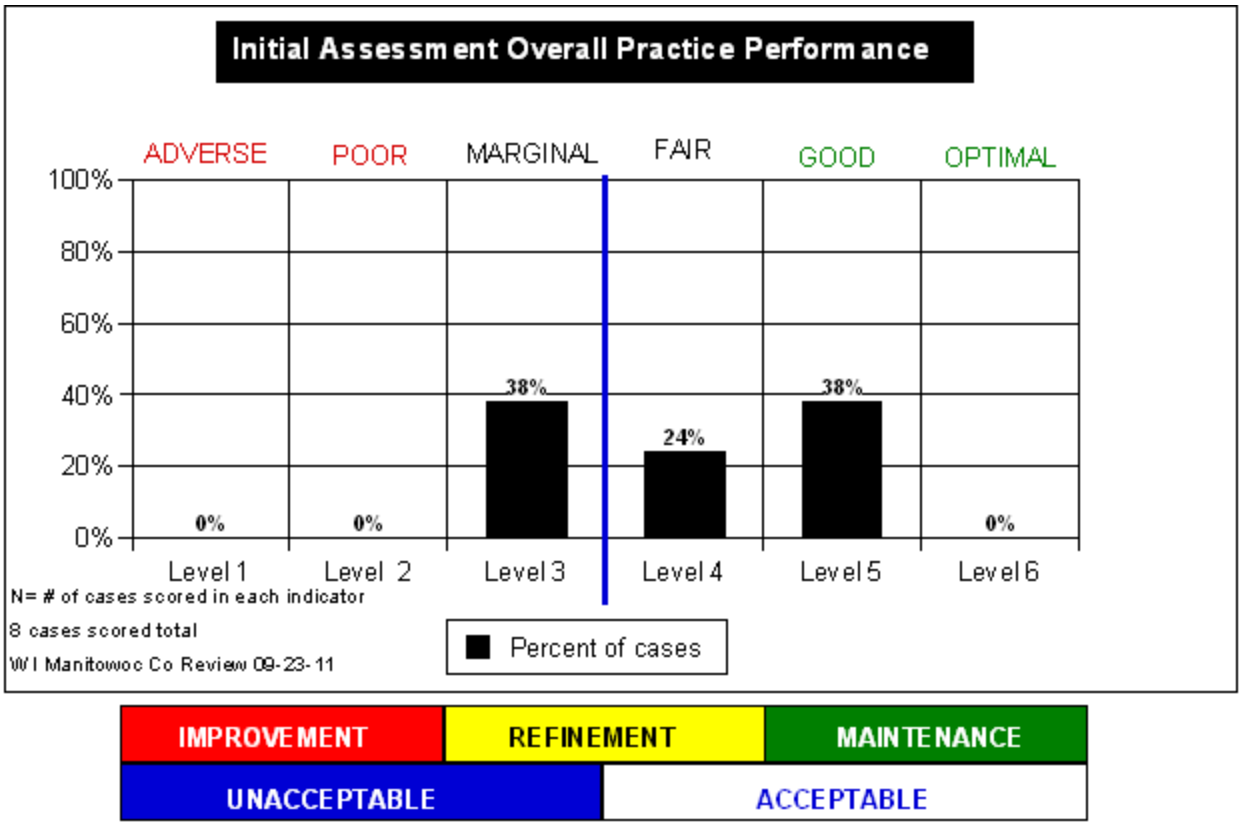



Initial Assessment
Practice Performance
Depth of Understanding
Depth of Understand.: safety assessment
Depth of Understand.: safety planning
Avoid. Influences: worker
Avoid. Influences: supervisor
62%
38%
12%
38%
50%
50%
50%
38%
62%
25%
75%
N=2
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
N= # of cases scored in each indicator
8 cases scored total
WI Manitowoc Co Review 09-23-11
Improvement Zone
Refinement Zone
Maintenance Zone


Initial Assessment
Practice Performance
Depth of Understanding
Depth of Understand.: safety assessment
Depth of Understand.: safety planning
Avoid. Influences: worker
Avoid. Influences: supervisor
63%
63%
0%
88%
100%
N=2
0%
20%
40%
60%
80%
100%
N= # of cases scored in each indicator
8 cases scored total
WI Manitowoc Co Review 09-23-11
Percent acceptable cases

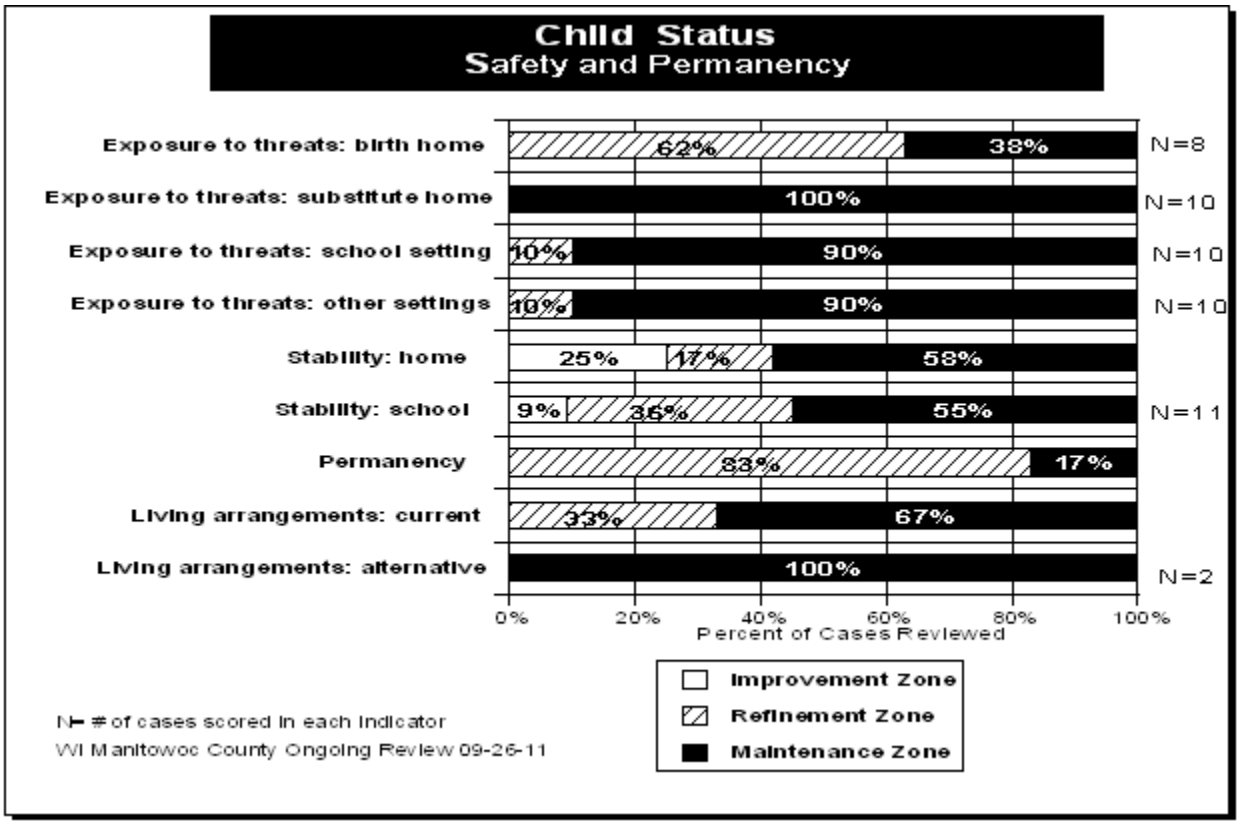

Initial Assessment
Practice Performance
Critical Discernment
Confidence in Decisions: worker
Confidence in Decisions: supervisor
Confidence in Decisions: reviewer
Decisions documentation
12%
50%
38%
14%
86%
100%
12%
38%
50%
62%
38%
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N= # of cases scored in each indicator
8 cases scored total
WI Monitowoc Co Review 09-23-11

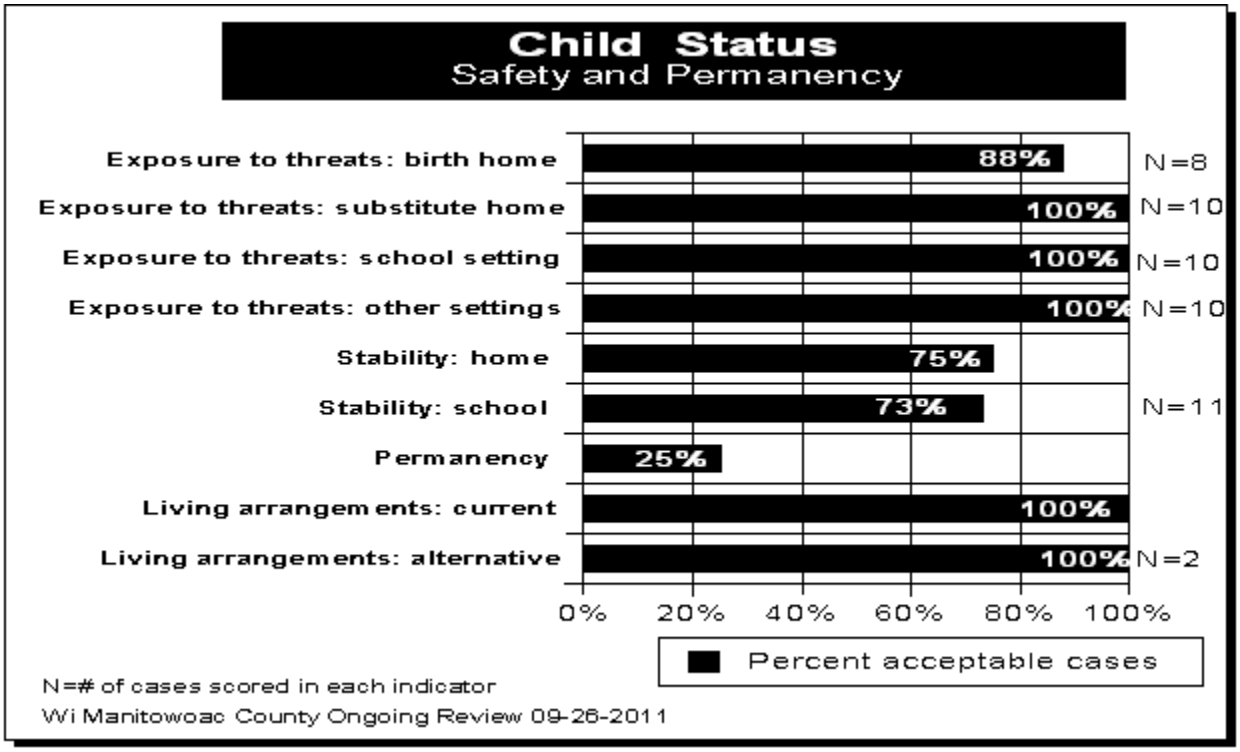

Initial Assessment
Practice Performance
Critical Discernment
Confidence in Decisions: worker
Confidence in Decisions: supervisor
Confidence in Decisions: reviewer
Decisions documentation
50%
88%
100%
50%
63%
0%
20%
40%
60%
80%
100%
Percent acceptable cases
N= # of cases scored in each indicator
8 cases scored total
WI Manitowoc Co Review 09-23-11

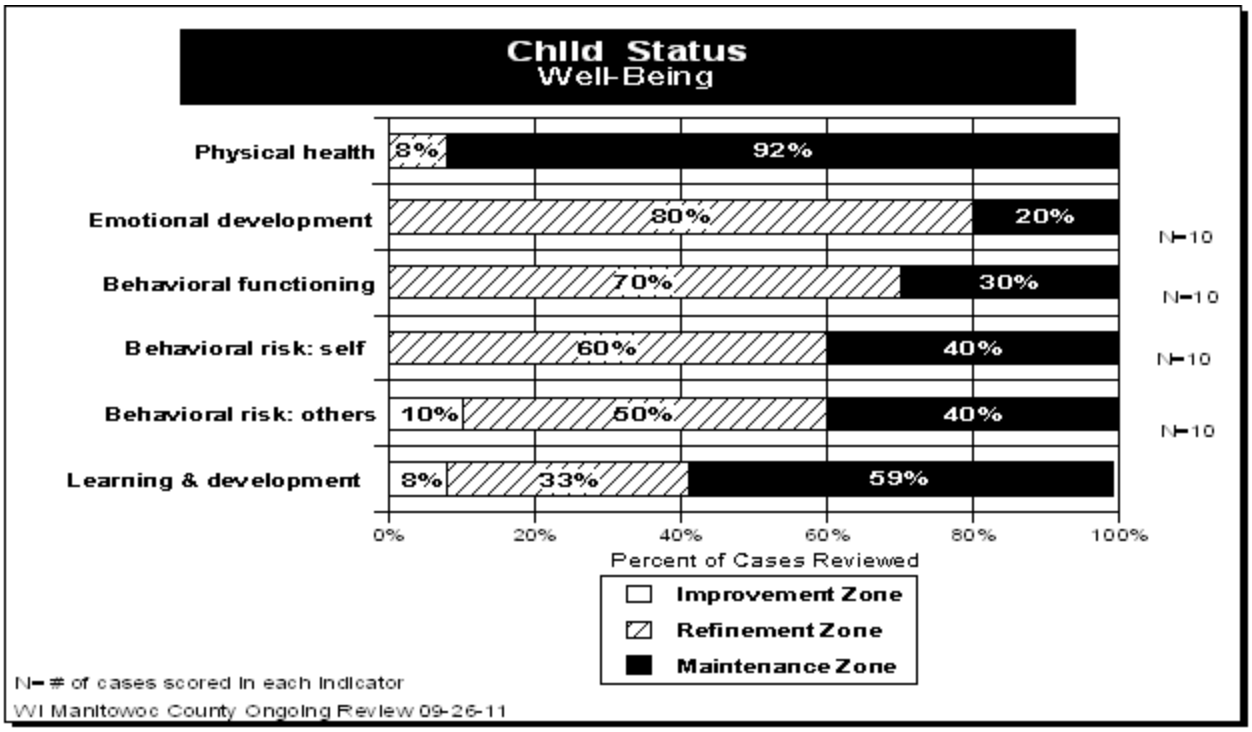

Initial Assessment Overall Practice Performance
ADVERSE
POOR
MARGINAL
FAIR
GOOD
OPTIMAL
100%
80%
60%
40%
20%
0%
0%
0%
38%
24%
38%
0%
Level 1
Level 2
Level 3
Level 4
Level 5
Level 6
N= # of cases scored in each indicator
8 cases scored total
WI Manitowoc Co Review 09-23-11
Percent of cases

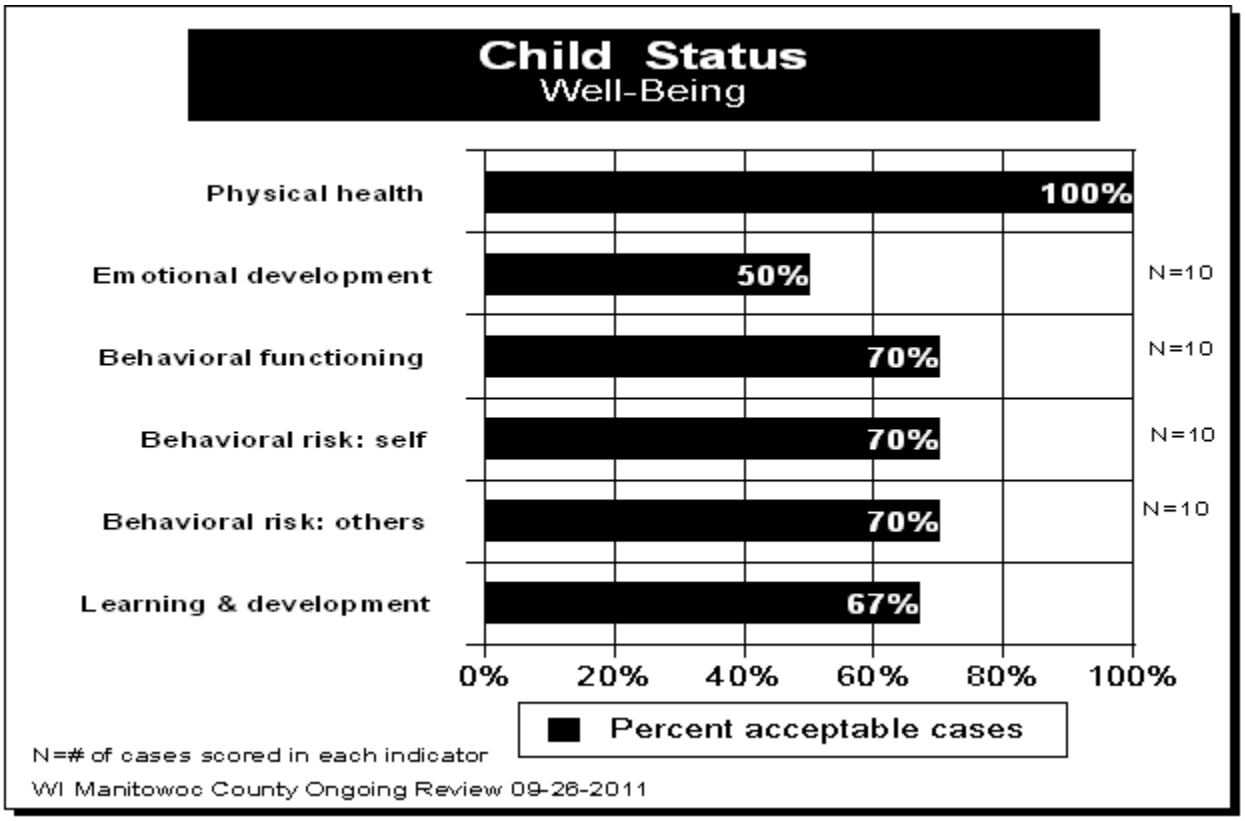
IMPROVEMENT
REFINEMENT
MAINTENANCE
UNACCEPTABLE
ACCEPTABLE

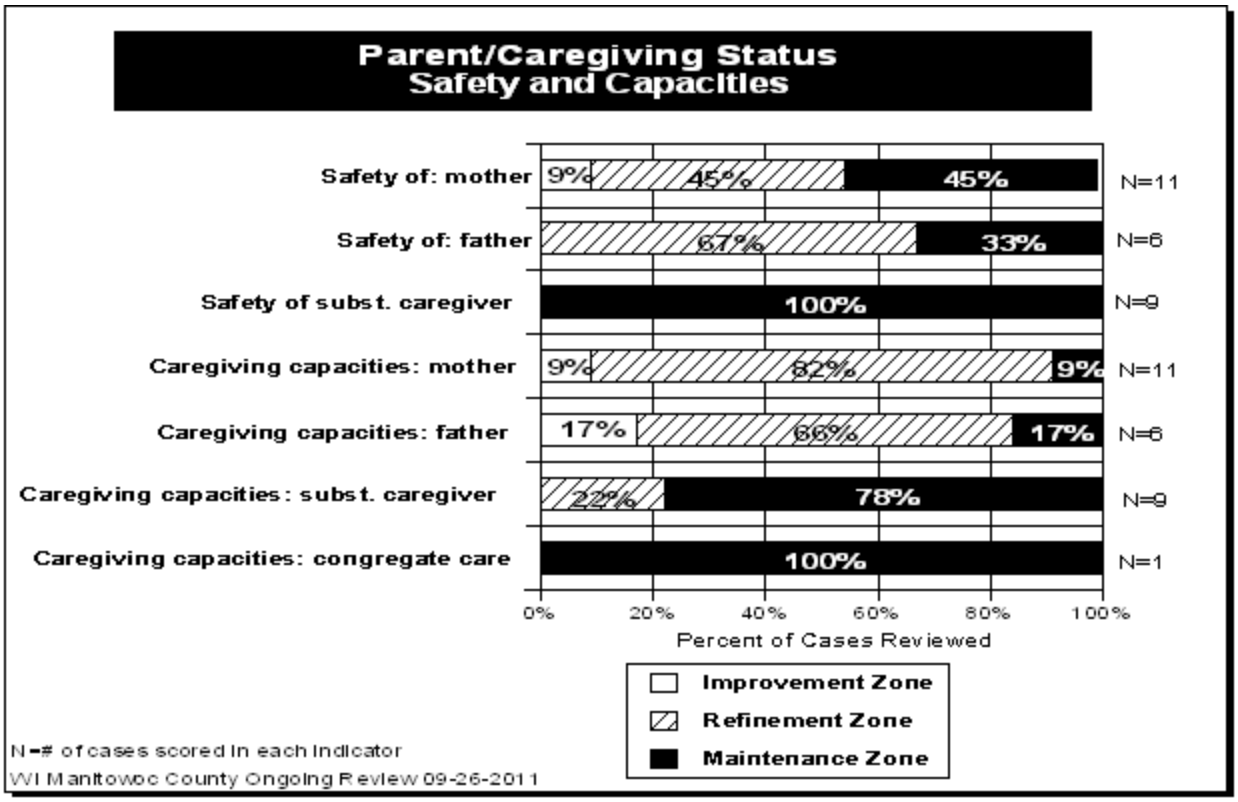
The scores for child and family status and Ongoing system performance in the Manitowoc County review are presented in the following tables. Twelve cases were reviewed.

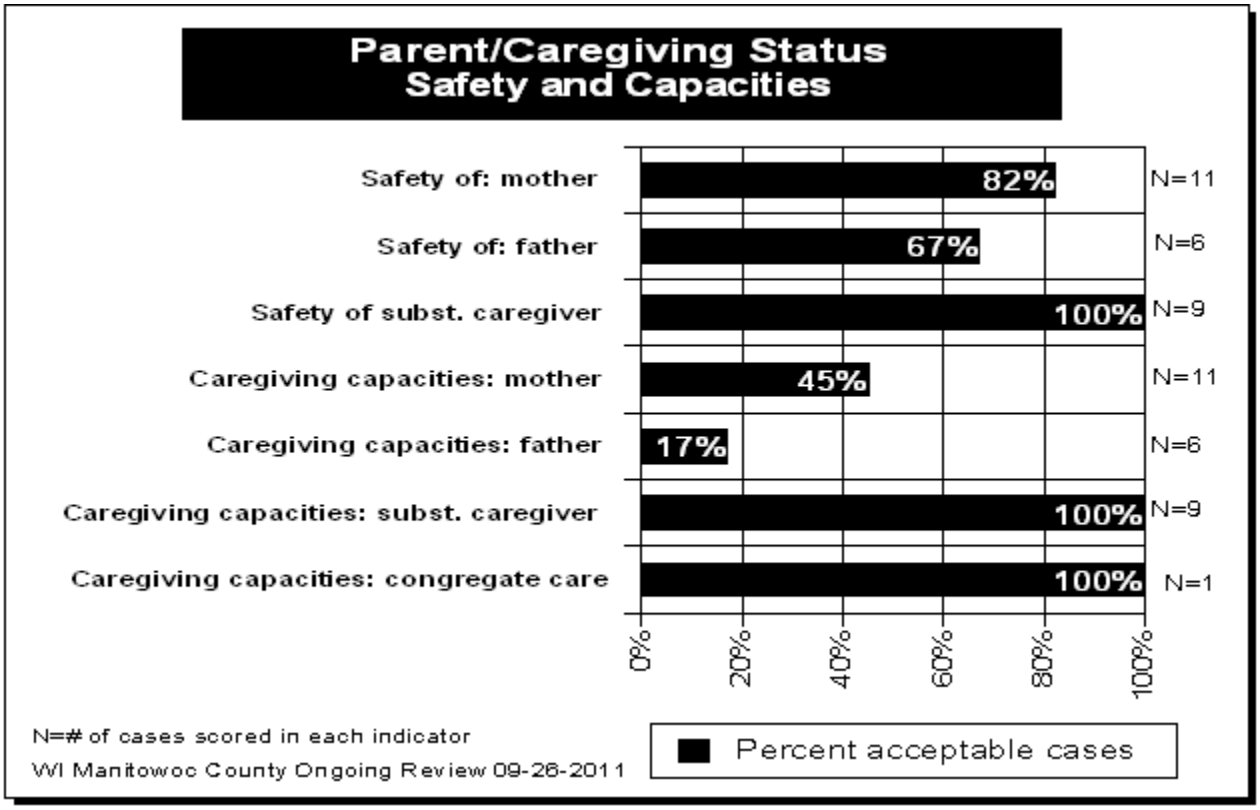


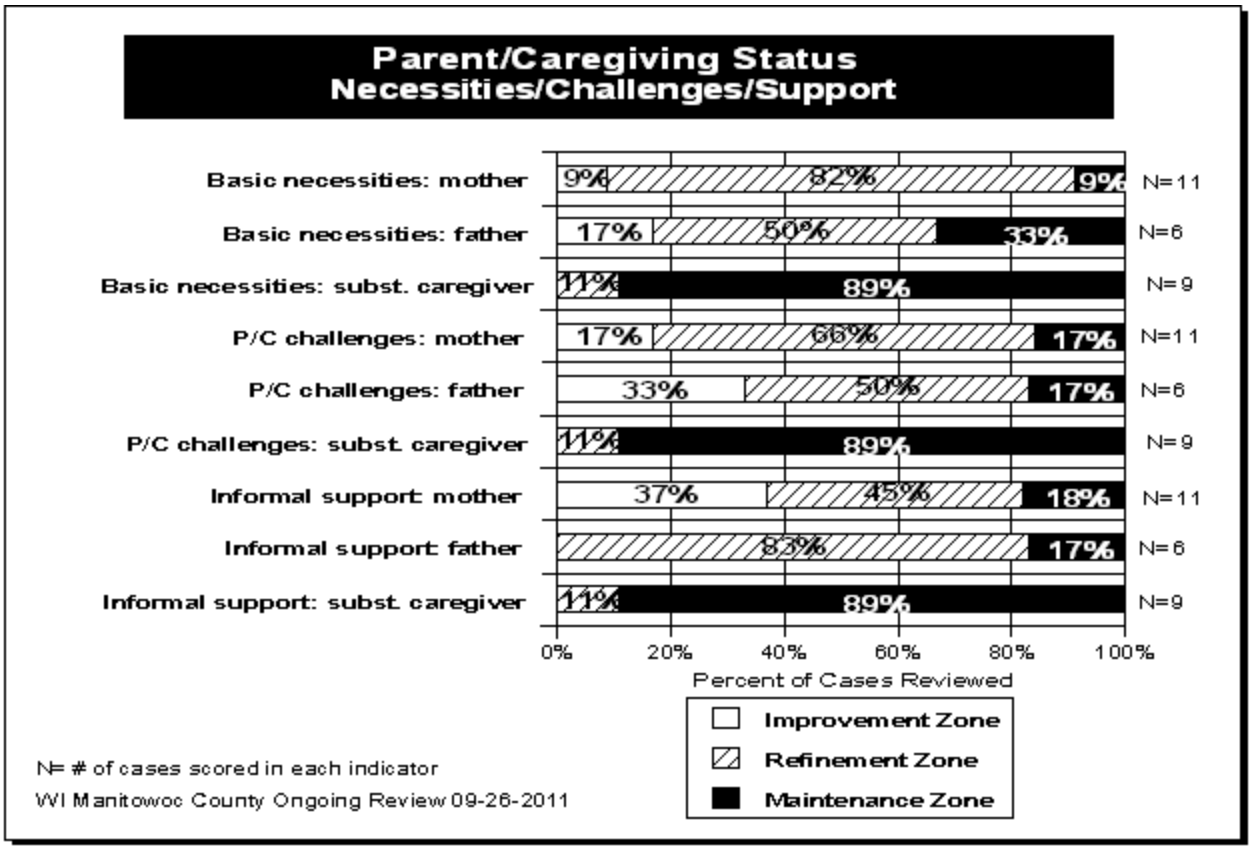


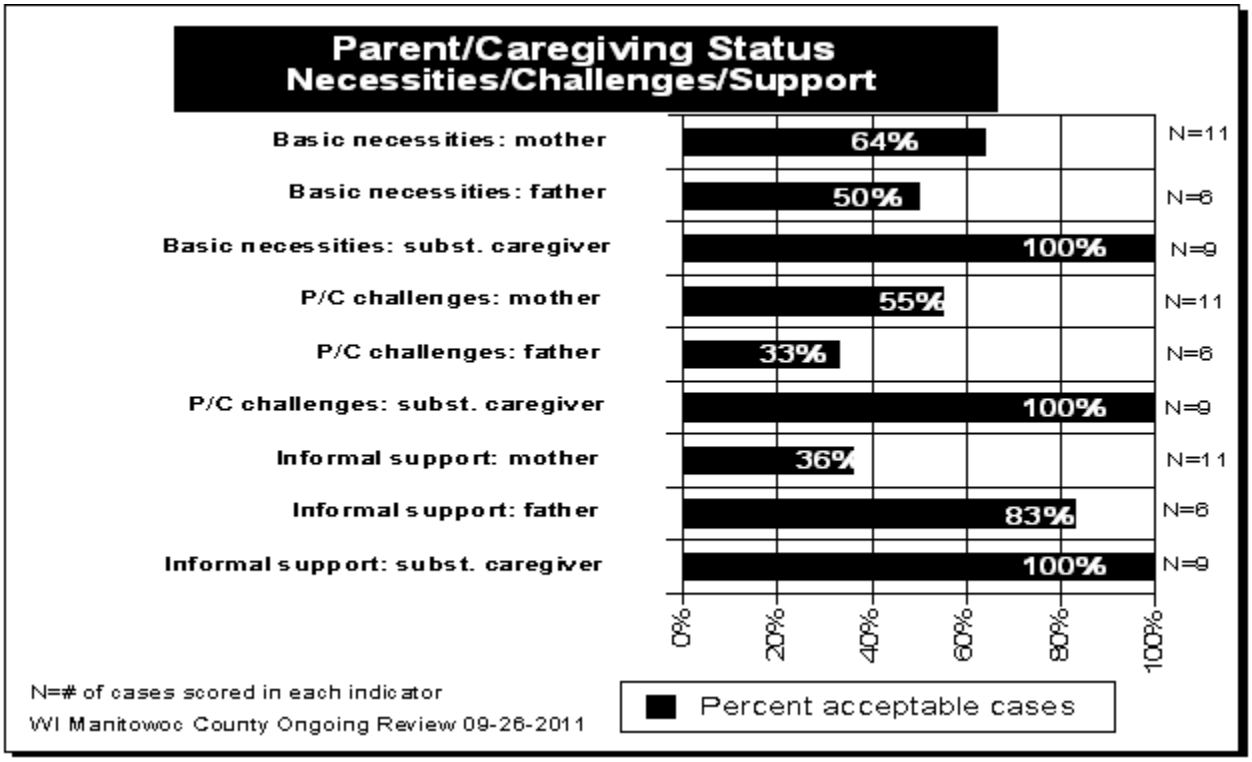

Child Status
Well-Being
Physical health
Emotional development
Behavioral functioning
Behavioral risk: self
Behavioral risk: others
Learning & development
8%
92%
80%
20%
70%
30%
60%
40%
10%
50%
40%
8%
33%
59%
N=10
N=10
N=10
N=10
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N= # of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-11


Child Status
Well-Being
Physical health
Emotional development
Behavioral functioning
Behavioral risk: self
Behavioral risk: others
Learning & development
100%
50%
70%
70%
70%
67%
N=10
N=10
N=10
N=10
0%
20%
40%
60%
80%
100%
Percent acceptable cases
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

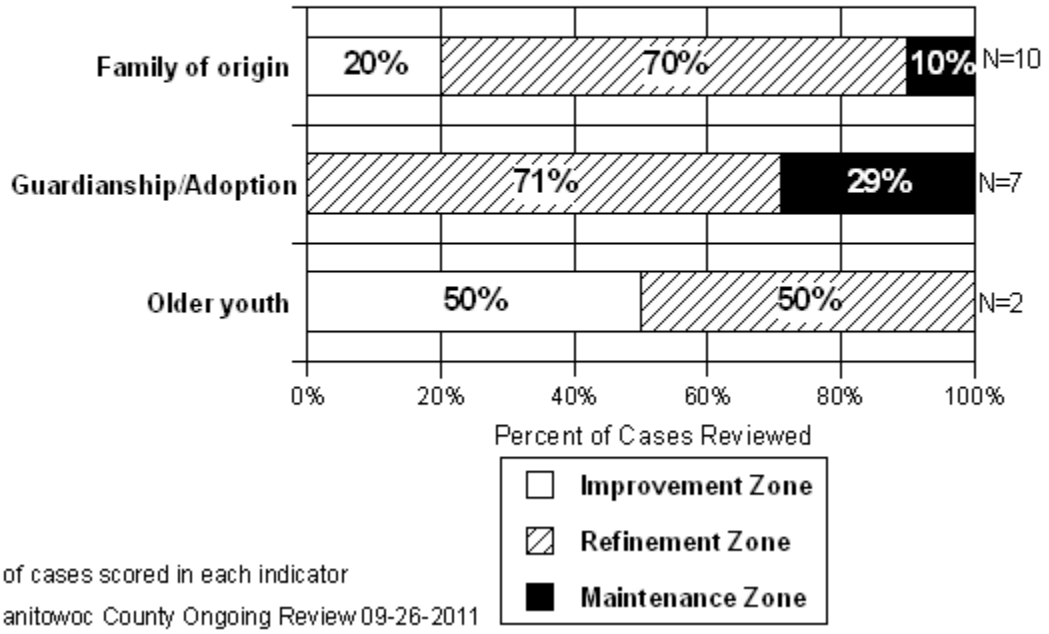

Parent/Caregiving Status
Safety and Capacities
Safety of: mother
9%
45%
45%
N=11
Safety of: father
67%
33%
N=6
Safety of subst. caregiver
100%
N=9
Caregiving capacities: mother
9%
82%
9%
N=11
Caregiving capacities: father
17%
66%
17%
N=6
Caregiving capacities: subst. caregiver
22%
78%
N=9
Caregiving capacities: congregate care
100%
N=1
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N=# of cases scored in each Indicator
WI Manitowoc County Ongoing Review 09-26-2011


Parent/Caregiving Status
Safety and Capacities
Safety of: mother
82%
N=11
Safety of: father
67%
N=6
Safety of subst. caregiver
100%
N=9
Caregiving capacities: mother
45%
N=11
Caregiving capacities: father
17%
N=6
Caregiving capacities: subst. caregiver
100%
N=9
Caregiving capacities: congregate care
100%
N=1
0%
20%
40%
60%
80%
100%
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011
Percent acceptable cases


Parent/Caregiving Status
Necessities/Challenges/Support
Basic necessities: mother
9%
82%
9%
N=11
Basic necessities: father
17%
50%
33%
N=6
Basic necessities: subst. caregiver
11%
89%
N=9
P/C challenges: mother
17%
66%
17%
N=11
P/C challenges: father
33%
50%
17%
N=6
P/C challenges: subst. caregiver
11%
89%
N=9
Informal support: mother
37%
45%
18%
N=11
Informal support: father
83%
17%
N=6
Informal support: subst. caregiver
11%
89%
N=9
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N= # of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011


Parent/Caregiving Status
Necessities/Challenges/Support
Basic necessities: mother
64%
N=11
Basic necessities: father
50%
N=6
Basic necessities: subst. caregiver
100%
N=9
P/C challenges: mother
55%
N=11
P/C challenges: father
33%
N=6
P/C challenges: subst. caregiver
100%
N=9
Informal support: mother
36%
N=11
Informal support: father
83%
N=6
Informal support: subst. caregiver
100%
N=9
0%
20%
40%
60%
80%
100%
Percent acceptable cases
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

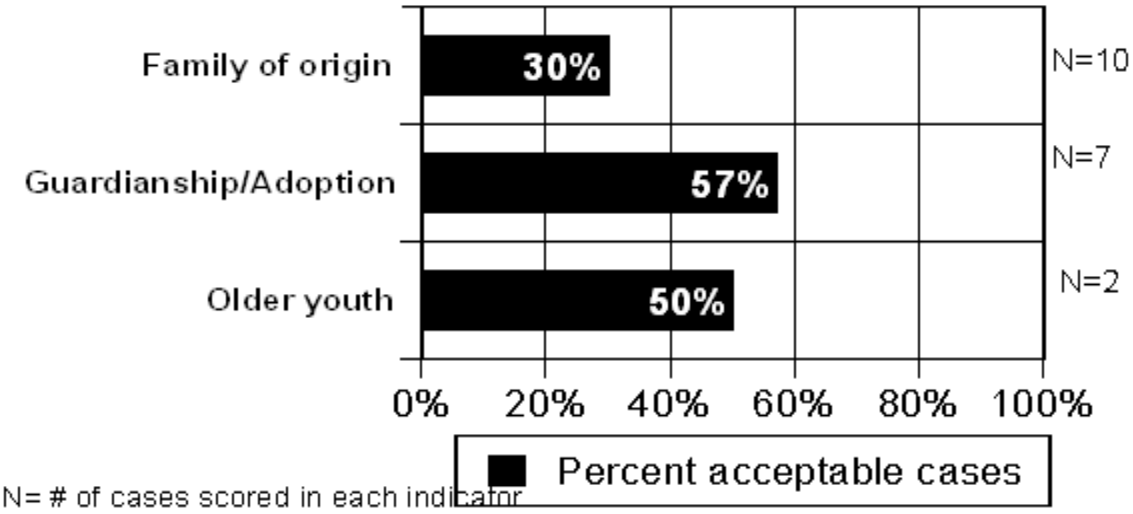
Progress Towards Independence



N= # of cases scored in each indicator

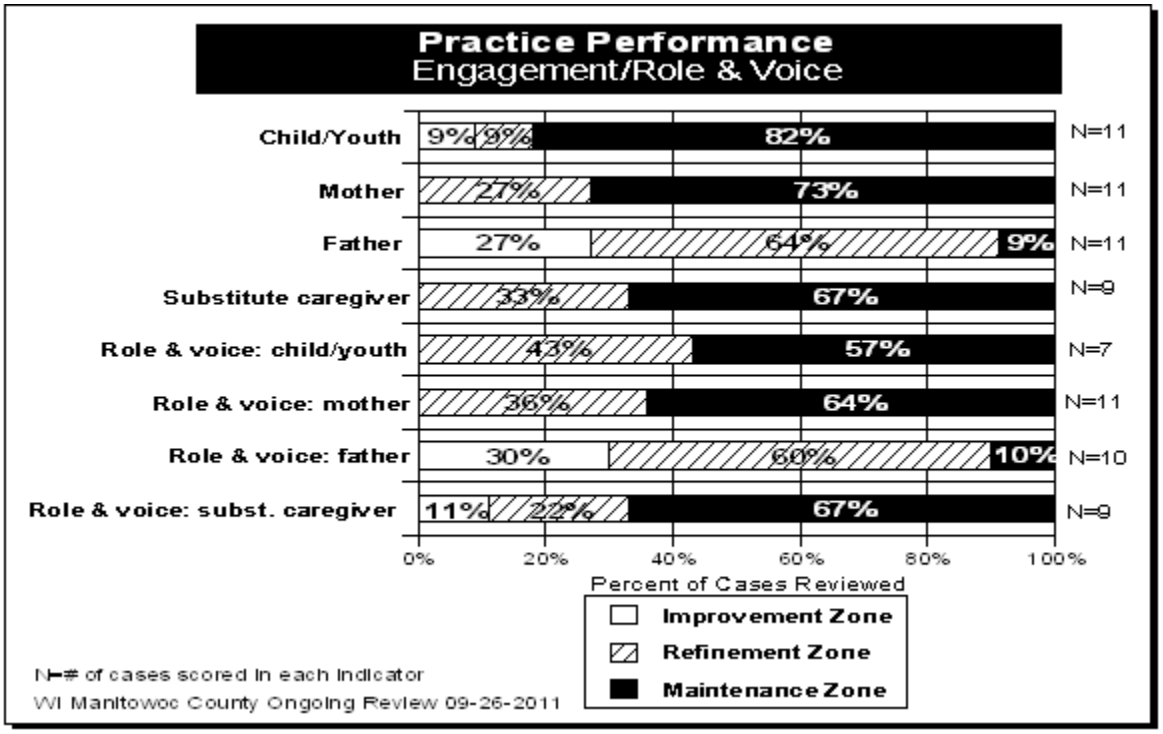
WI Manitowoc County Ongoing Review 09-26-2011

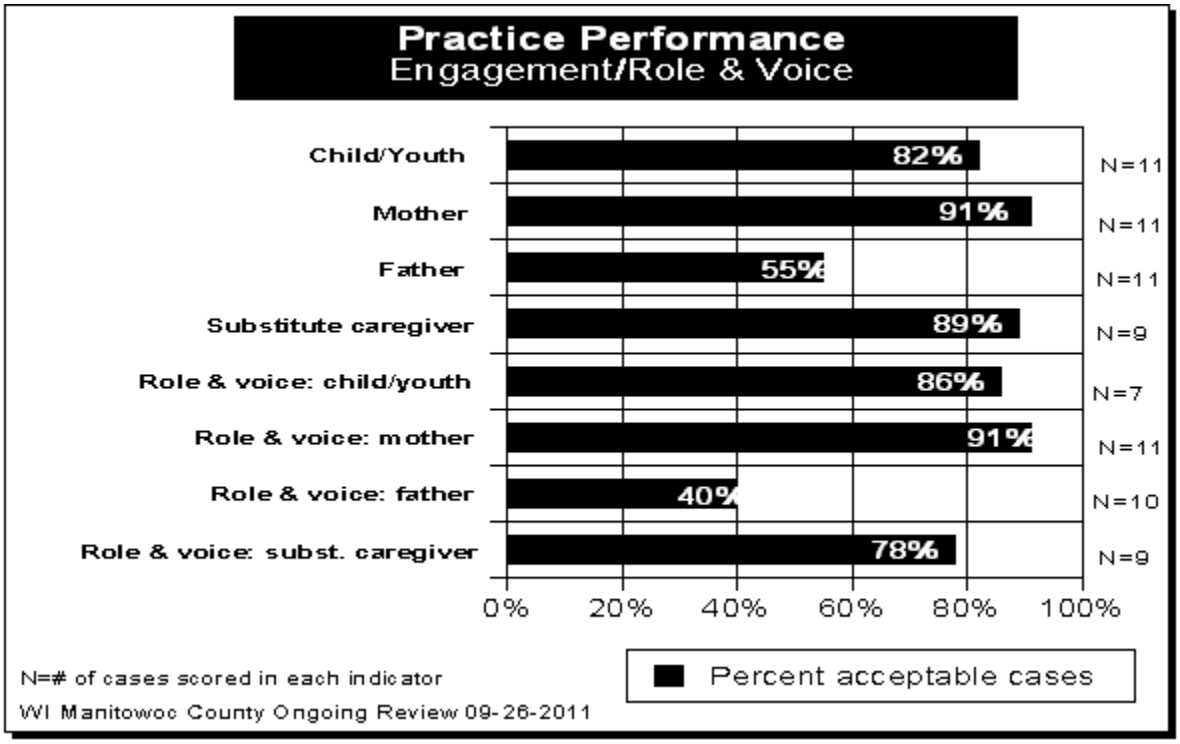
Progress Towards Independence

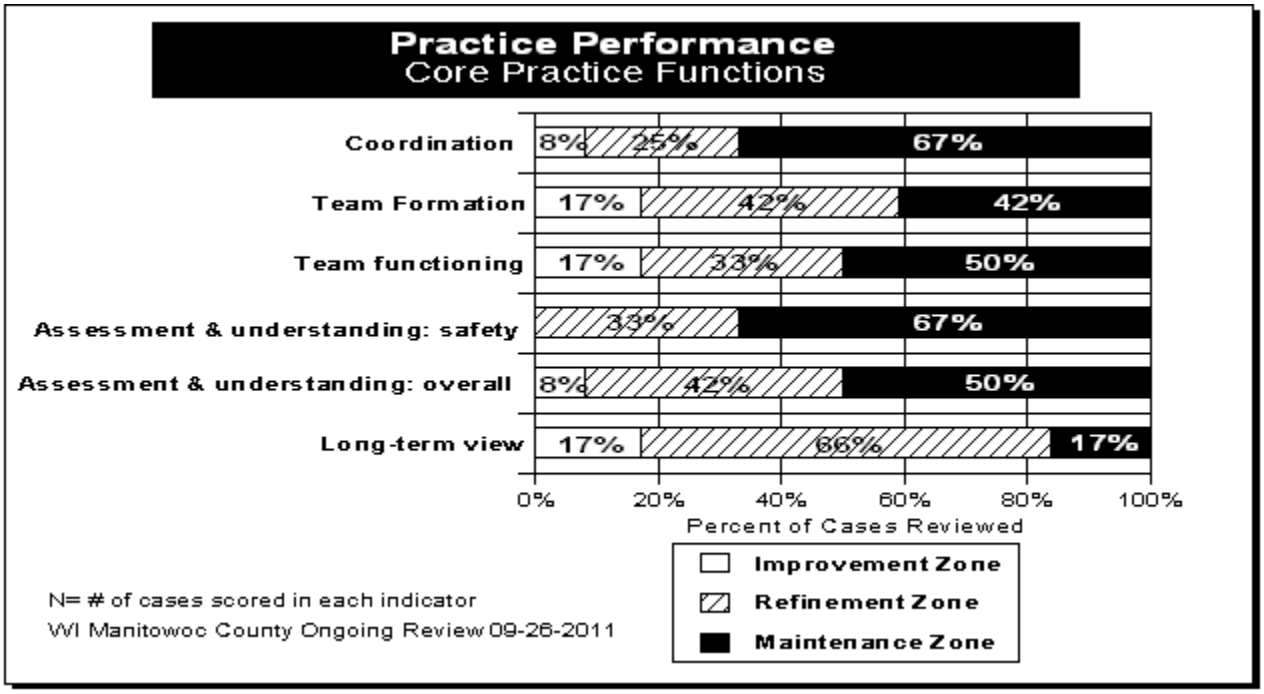


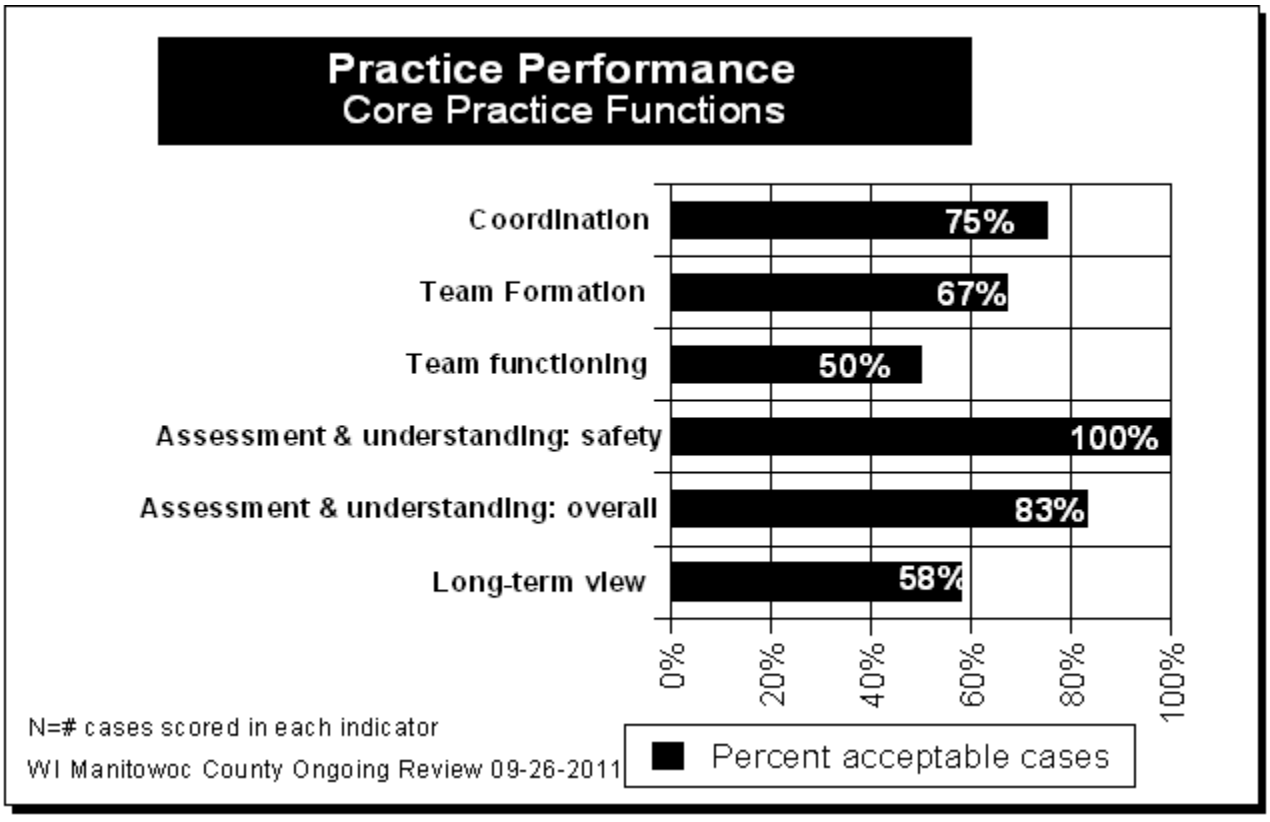
N= # of cases scored in each indicator

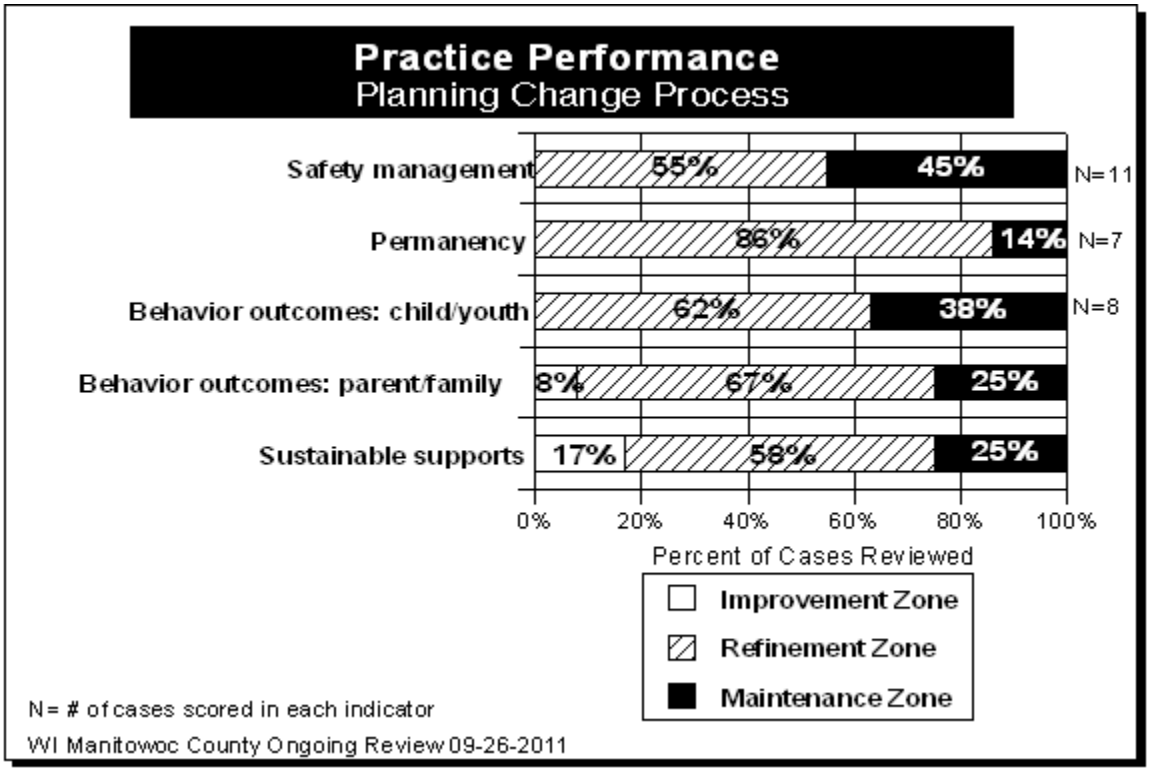
WI Manitowoc County Ongoing Review 09-26-2011

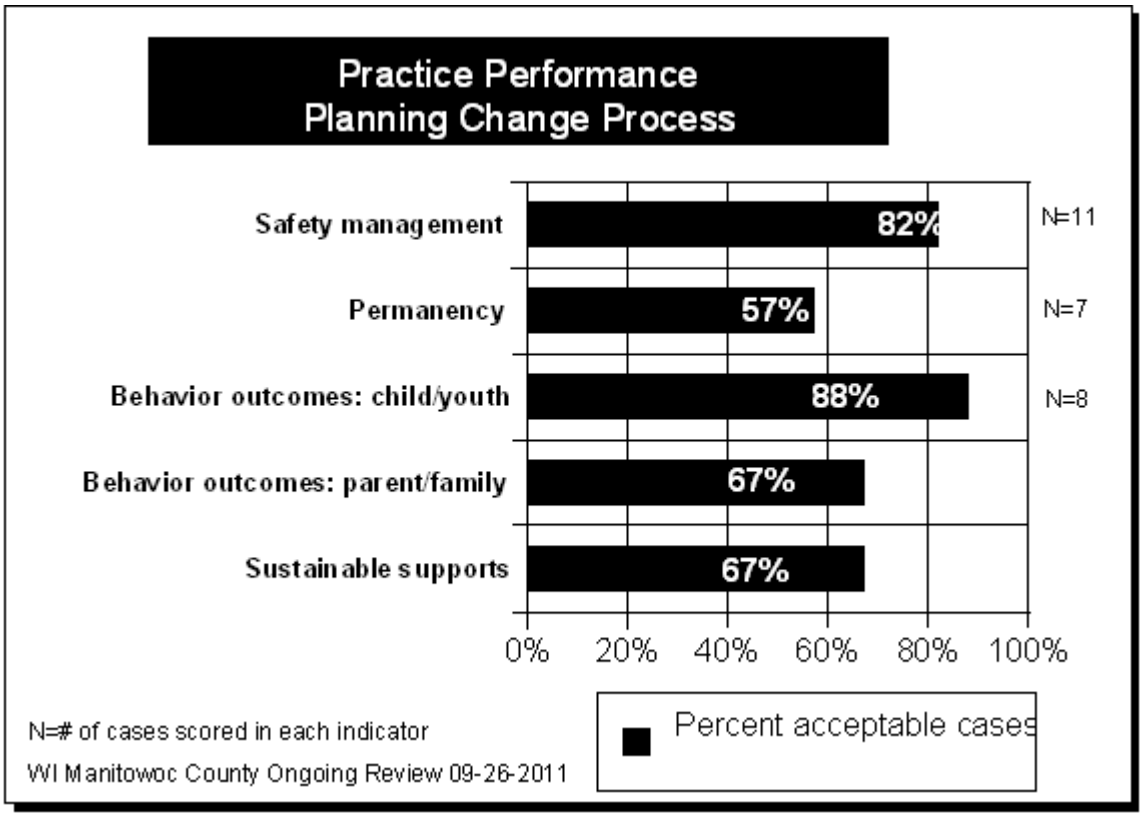

Practice Performance
Engagement/Role & Voice
Child/Youth
9%
9%
82%
N=11
Mother
27%
73%
N=11
Father
27%
64%
9%
N=11
Substitute caregiver
33%
67%
N=9
Role & voice: child/youth
43%
57%
N=7
Role & voice: mother
36%
64%
N=11
Role & voice: father
30%
60%
10%
N=10
Role & voice: subst. caregiver
11%
22%
67%
N=9
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

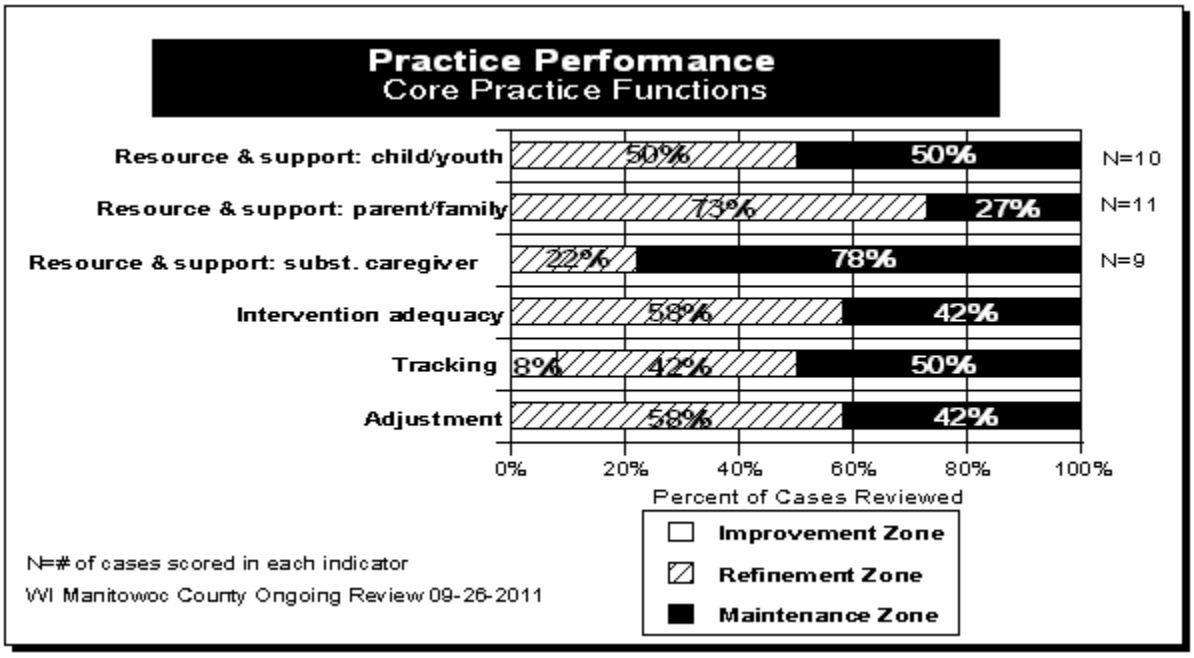

Practice Performance
Engagement/Role & Voice
Child/Youth
82%
N=11
Mother
91%
N=11
Father
55%
N=11
Substitute caregiver
89%
N=9
Role & voice: child/youth
86%
N=7
Role & voice: mother
91%
N=11
Role & voice: father
40%
N=10
Role & voice: subst. caregiver
78%
N=9
0%
20%
40%
60%
80%
100%
Percent acceptable cases
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

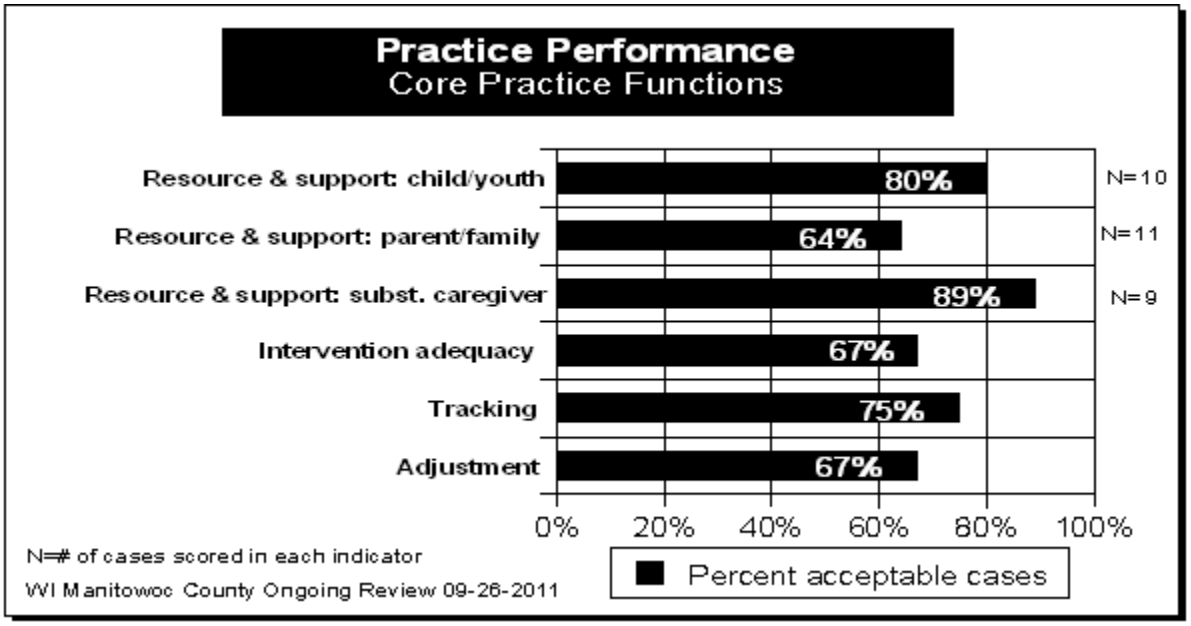

Practice Performance
Core Practice Functions
Coordination
Team Formation
Team functioning
Assessment & understanding: safety
Assessment & understanding: overall
Long-term view
8%
25%
67%
17%
42%
42%
17%
33%
50%
33%
67%
8%
42%
50%
17%
66%
17%
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N= # of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

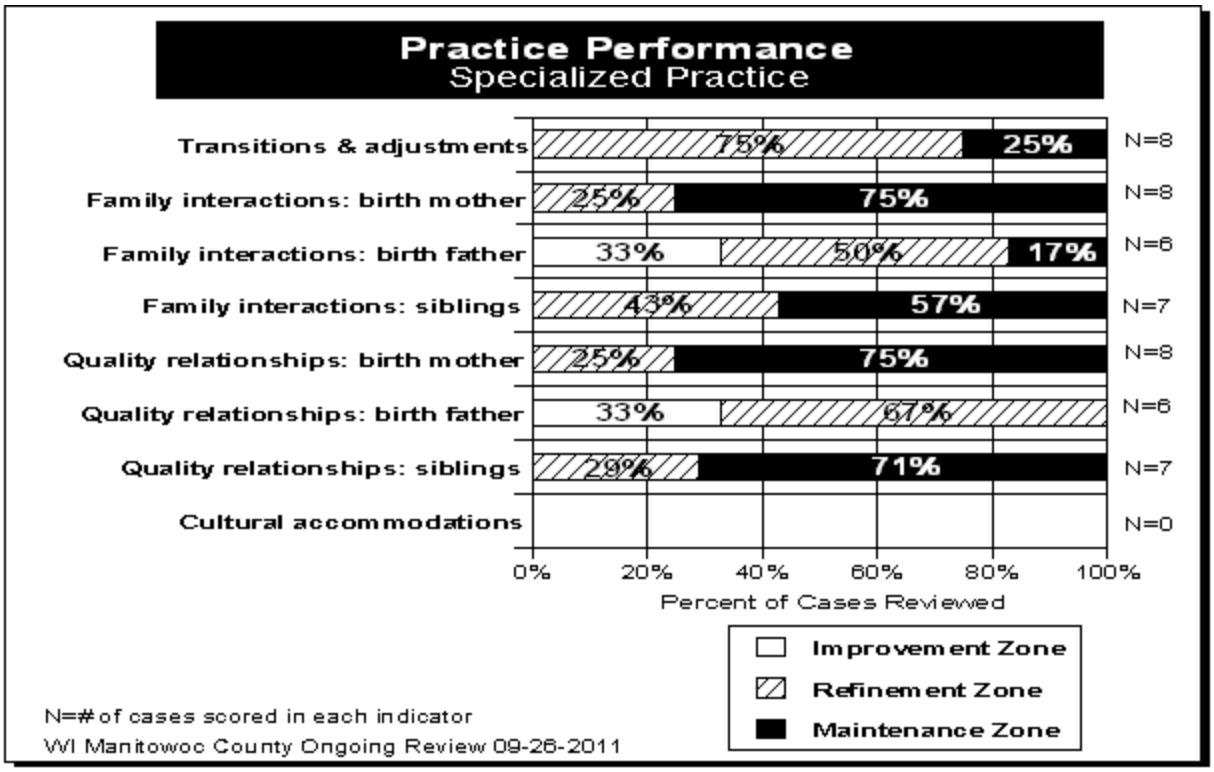

Practice Performance
Core Practice Functions
Coordination
Team Formation
Team functioning
Assessment & understanding: safety
Assessment & understanding: overall
Long-term view
75%
67%
50%
100%
83%
58%
0%
20%
40%
60%
80%
100%
N=# cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011
Percent acceptable cases

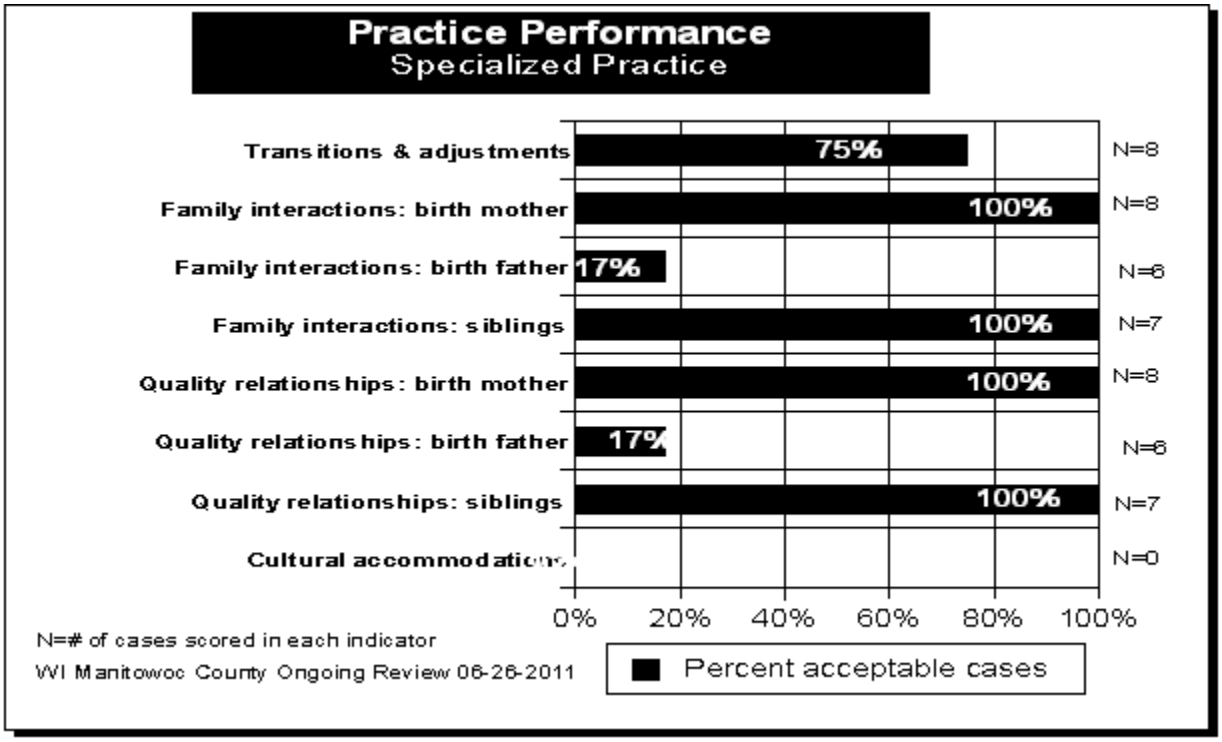

Practice Performance
Planning Change Process
Safety management
55%
45%
N=11
Permanency
86%
14%
N=7
Behavior outcomes: child/youth
62%
38%
N=8
Behavior outcomes: parent/family
8%
67%
25%
Sustainable supports
17%
58%
25%
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N= # of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

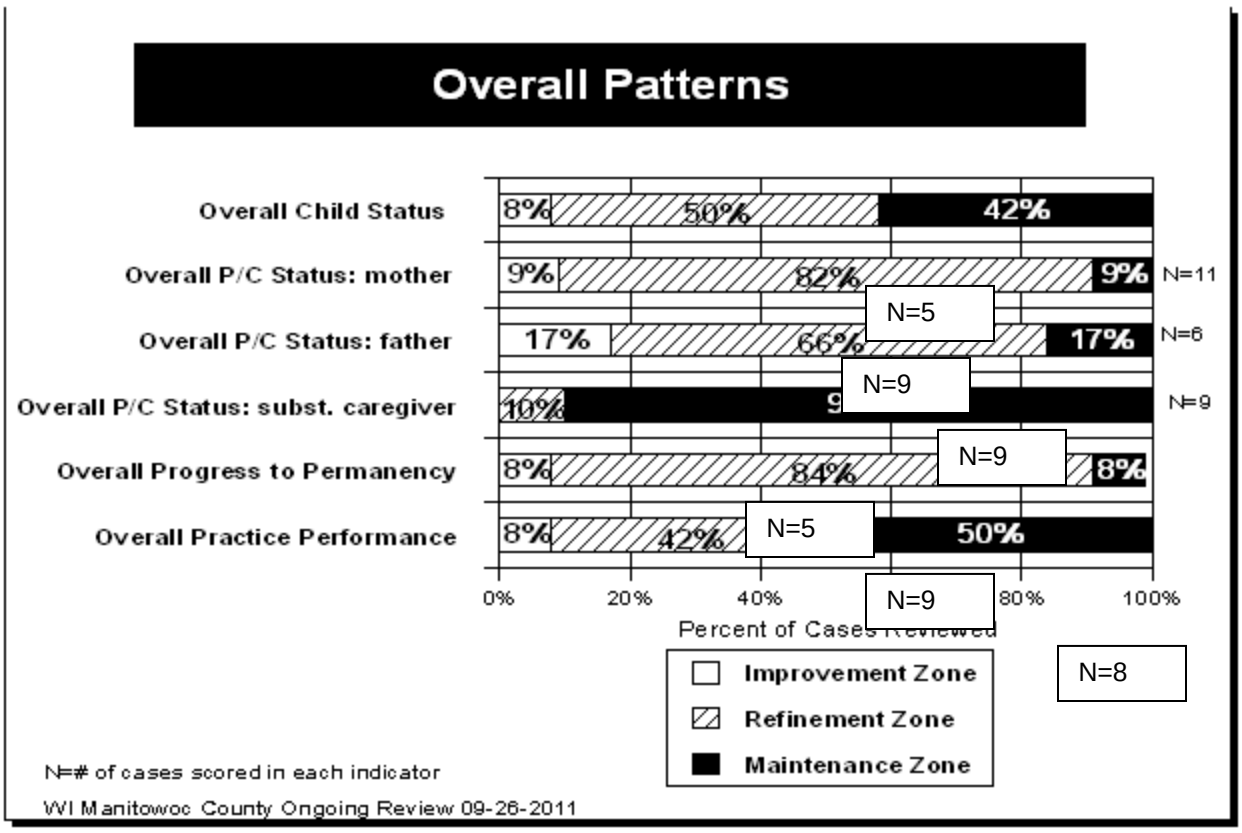

Practice Performance
Planning Change Process
Safety management
82%
N=11
Permanency
57%
N=7
Behavior outcomes: child/youth
88%
N=8
Behavior outcomes: parent/family
67%
Sustainable supports
67%
0%
20%
40%
60%
80%
100%
Percent acceptable cases
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

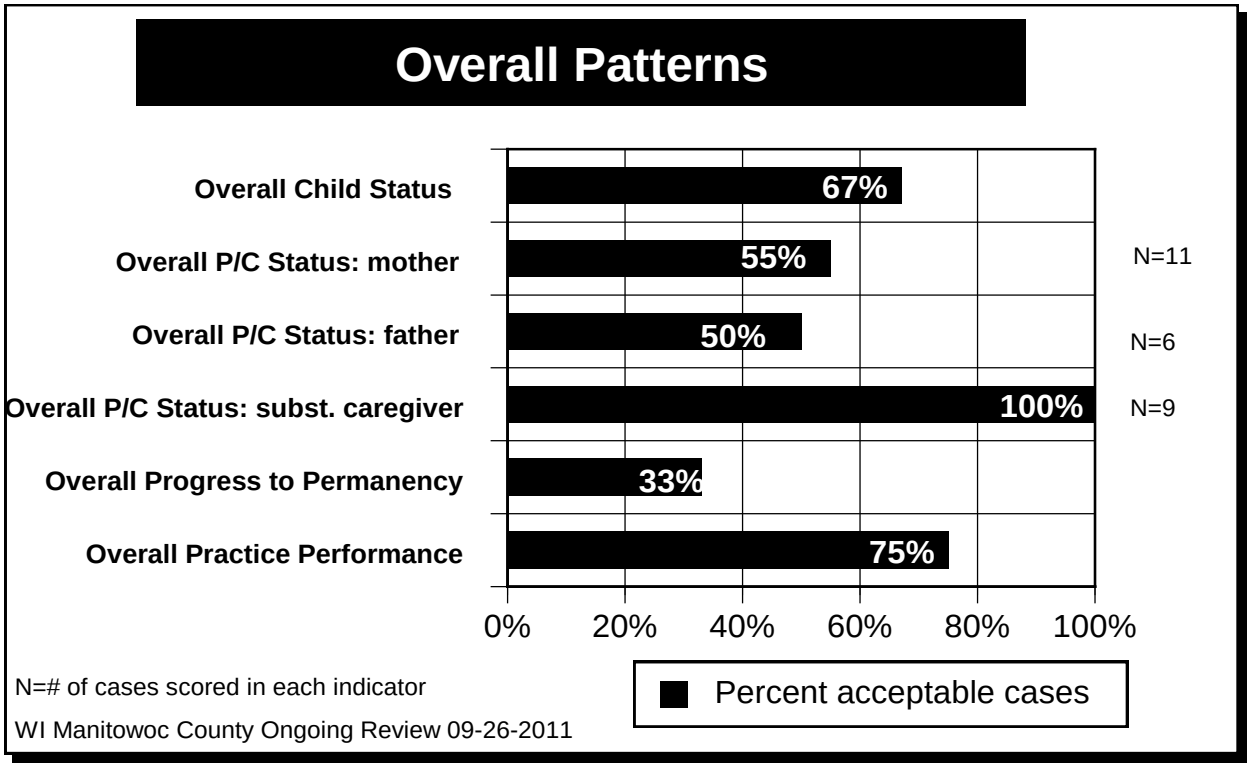

Practice Performance
Core Practice Functions
Resource & support: child/youth
50%
50%
N=10
Resource & support: parent/family
73%
27%
N=11
Resource & support: subst. caregiver
22%
78%
N=9
Intervention adequacy
58%
42%
Tracking
8%
42%
50%
Adjustment
58%
42%
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011


Practice Performance
Core Practice Functions
Resource & support: child/youth
80%
N=10
Resource & support: parent/family
64%
N=11
Resource & support: subst. caregiver
89%
N=9
Intervention adequacy
67%
Tracking
75%
Adjustment
67%
0%
20%
40%
60%
80%
100%
Percent acceptable cases
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011


Practice Performance
Specialized Practice
Transitions & adjustments
75%
25%
N=8
Family interactions: birth mother
25%
75%
N=8
Family interactions: birth father
33%
50%
17%
N=6
Family interactions: siblings
43%
57%
N=7
Quality relationships: birth mother
25%
75%
N=8
Quality relationships: birth father
33%
67%
N=6
Quality relationships: siblings
29%
71%
N=7
Cultural accommodations
N=0
0%
20%
40%
60%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011


Practice Performance
Specialized Practice
Transitions & adjustments
75%
N=8
Family interactions: birth mother
100%
N=8
Family interactions: birth father
17%
N=6
Family interactions: siblings
100%
N=7
Quality relationships: birth mother
100%
N=8
Quality relationships: birth father
17%
N=6
Quality relationships: siblings
100%
N=7
Cultural accommodations
N=0
0%
20%
40%
60%
80%
100%
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 06-26-2011
Percent acceptable cases


Overall Patterns
Overall Child Status
Overall P/C Status: mother
Overall P/C Status: father
Overall P/C Status: subst. caregiver
Overall Progress to Permanency
Overall Practice Performance
8%
50%
42%
9%
82%
9%
17%
66%
17%
10%
8%
84%
8%
8%
42%
50%
N=11
N=6
N=9
N=5
N=9
N=9
N=5
N=9
0%
20%
40%
80%
100%
Percent of Cases Reviewed
Improvement Zone
Refinement Zone
Maintenance Zone
N=8
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011


Overall Patterns
Overall Child Status
Overall P/C Status: mother
Overall P/C Status: father
Overall P/C Status: subst. caregiver
Overall Progress to Permanency
Overall Practice Performance
67%
55%
50%
100%
33%
75%
N=11
N=6
N=9
0%
20%
40%
60%
80%
100%
Percent acceptable cases
N=# of cases scored in each indicator
WI Manitowoc County Ongoing Review 09-26-2011

Appendix II

Case Characteristics

Access and Initial Assessment

QSR Access – Access and/or Initial Assessment

Cases by Access or IA	Number	Percent
Access only	12	60%
Access & Initial Assessment	8	40%
	20	**100%**

QSR Access – Access Call Monitored

Access Call Monitored	Number	Percent
Yes	4	20%
No	16	80%
	20	**100%**

QSR Access – Type of Report

Type of Report	Number	Percent
CPS	17	85%
Services	3	15%
	20	**100%**

QSR Access – Access Decision

Access Decision	Number	Percent
Screened-in	12	60%
Screened-out	8	40%
	20	**100%**

QSR Access – Screening within 24 hours

Was Screening Decision made within 24-Hours of Access Report	Number	Percent
Yes	15	75%
No	5	25%
	20	**100%**

QSR Access/Initial Assessment – Access Response Time

Access Response Time	Number	Percent
Same day	2	25%
24-48 hours	3	25%
Within 5 business days	3	50%
	8	**100%**

QSR Access/Initial Assessment – Assigned to IA within 24-Hours

Was Report Assigned to IA within 24-Hours	Number	Percent
Yes	7	88%
No	1	13%
	8	**100%**

QSR Access/Initial Assessment – Face-to-Face Contacts Frequency

Face-to-Face Contacts with Family	Number	Percent
0 contacts	0	0%
1-3 contacts	4	50%
4-6 contacts	2	25%
7-10 contacts	2	25%
11+ contacts	0	0%
	8	**100%**

QSR Access/Initial Assessment – Timely Face-to-Face Frequency

Timely Face-to Face Contact	Number	Percent
Yes	8	100%
No	0	0%
	8	**100%**

QSR Access/Initial Assessment – Time Case Open in IA Frequency

Time Case Open in IA	Number	Percent
Within 60 days	4	50%
Over 60 days	4	50%
	8	**100%**

Ongoing

QSR/Child Status and Performance Profile - Change of Home Frequency

Change Of Home	Number	Percent
Yes	2	17%
No	8	67%
NA	2	17%
	12	**100%**

QSR/Child Status and Performance Profile - Ethnicity Frequency

Latino/Hispanic	Number	Percent
Yes	0	0%
No	12	100%
Unknown	0	0%
	12	**100%**

QSR/Child Status and Performance Profile - Case Open Frequency

Length of Time Case Open	Number	Percent
0-3 mos.	0	0%
4-6 mos.	0	0%
7-9 mos.	1	8%
10-12 mos.	1	8%
13-18 mos.	2	17%
19-36 mos.	4	33%
37+ mos.	4	33%
	12	**100%**

QSR/Child Status and Performance Profile - Placement Changes Frequency

Placement Changes	Number	Percent
No Placements	3	25%
1-2 Placements	5	42%
3-5 Placements	3	25%
6-9 Placements	1	8%
10 + Placements	0	0%
	12	**100%**

QSR/Child Status and Performance Profile - Placed with Siblings Frequency

Placed with Siblings	Number	Percent
No Siblings	2	17%
Different Home	4	33%
Same Home with All	2	17%
N/A- In Birth Home	4	33%
	12	**100%**

QSR/Child Status and Performance Profile - Full Scale Intelligence Quotient (IQ)

Full IQ Scale	Number	Percent
60	1	8%
72	1	8%
87	1	8%
Unknown	9	75%
	12	**100%**

QSR/Child Status and Performance Profile - Educational Placement Frequency

Educational Placement	Number	Percent
Regular K-12 Education	8	67%
Full Inclusion	0	0%
Part-time Special Education	4	33%
Self-contain Special Education	1	8%
Adult Basic/GED	0	0%
Alternative Education	0	0%
Vocational Education	0	0%
Expelled/Suspended	1	8%
Day Treatment Program	0	0%
Support Work	0	0%
Completed Graduated	0	0%
Dropped-Out	0	0%
Early Childhood	0	0%
Birth to Three	0	0%
*Other	3	25%

*Other – children enrolled in daycare, not school age or specialized educational setting.

QSR/Child Status and Performance Profile - Co-Occurring Condition Frequency

Co-Occurring Conditions	Child		Parent	
	Number	Percent	Number	Percent
NONE	0	0%	1	8%
Autism Spectrum Disorder	1	8%	0	0%
Behavior Disorder	2	17%	0	0%
Sensory Impairment	2	8%	0	0%
Mental Illness	5	42%	6	50%
Mental Retardation	1	8%	0	0%
Neurological Impairment/Seizure	0	0%	0	0%
Specific Learning Disability	1	8%	0	0%
Degenerative Diseases	0	0%	0	0%
Chronic Health Impairment	0	0%	1	8%
Medically Fragile/Complex	0	0%	0	0%
Orthopedic Impairment	1	8%	0	0%
Physical Disability	0	0%	0	0%
Developmental Disability	2	17%	0	0%
Trauma Exposed	12	100%	10	83%
Suicide Risk	0	0%	0	0%
Pregnant	0	0%	1	8%
Substance Exposed	1	8%	0	0%
Substance Abuse/Addiction	0	0%	3	25%
*Other	0	0%	1	8%

*Other parents – Possible Bi-Polar Diagnosed

QSR/Child Status and Performance Profile - Sensory Impairment

Sensory Impairment	Number	Percent
Vision – Child	1	50%
Hearing – Child	1	50%
Vision – Parent	0	0%
Hearing – Parent	0	0%
	2	**100%**

QSR/Child Status and Performance Profile - Functional Limitations Frequency

Functional Limitations	Child		Parents	
	Number	Percent	Number	Percent
NONE	9	75%	10	83%
Self-Care	1	8%	1	8%
Mobility	0	0%	0	0%
Communication	2	17%	0	0%
Self-Direction	0	0%	1	8%
Economic Self Sufficiency	1	8%	2	17%
Diminished Capacity	0	0%	1	8%
Independent Living	0	0%	0	0%

QSR/Child Status and Performance Profile - Psychotropic Medications Frequency

Number of Psychotropic Medications	Number	Percent
No Psychotropic Medications	8	67%
1 Psychotropic Medication	1	8%
2 Psychotropic Medications	2	17%
3 Psychotropic Medications	1	8%
	12	**100%**

QSR/Child Status and Performance Profile - Other Agencies Involved Frequency

Agency	Number	Percent
Child Welfare	12	100%
Mental Health	7	58%
Special Education	4	33%
Developmental Disabilities	0	0%
Juvenile Justice	1	8%
Vocational Rehabilitation	0	0%
Substance Abuse	3	25%
Crisis Services	0	0%
*Other	4	33%
None		0%

*Other – Probation and Parole, Mentor Program, Early Childhood, and Criminal Justice.

QSR/Child Status and Performance Profile - Level of Functioning Frequency

Level of Functioning	Number	Percent
In Level 1-5	2	17 %
In Level 6-7	5	42%
In Level 8-10	2	17%
NA (Under Age 5)	3	25%
	12	**100%**

QSR/Child Status and Performance Profile - Legal Status Frequency

Legal Status	Number	Percent
Child in Need of Protection or Services (CHIPS)	9	75%
Consent Decree	1	8%
Termination of Parental Rights (TPR) w/ County Custody	0	0%
TPR Order	1	8%
Voluntary	1	8%
Juvenile in Need of Protection and/or Services (JIPS)	0	0%
Delinquent	0	0%
	12	**100%**

QSR/Child Status and Performance Profile – Reason for Case Opening Frequency

Reason for Case Opening – Child	Number	Percent
Adoption Disruption	1	8%
Physical Abuse	2	17%
Sexual Abuse	1	8%
Neglect	9	75%
Mental Health Issues	0	0%
Delinquency	0	0%
Truancy/Status Offense	0	0%
*Child - Other	0	0%

Reason for Case Opening-Family Issues	Number	Percent
Failure to Protect	2	17%
Absent Parent	0	0%
Substance Abuse	4	33%
Domestic Violence	2	17%
Neglect	5	42%
Mental Health Issues	2	17%
Housing	1	8%
*Family - Other	3	25%

*Other – Unable to Handle Child's Behaviors

QSR/Child Status and Performance Profile - Permanency Goal Frequency

Permanency Goal	Number	Percent
Remain at Home	3	25%
Reunification	5	42%
Adoption	2	17%
Long-term Foster Care	2	17%
	12	**100%**

QSR/Child Status and Performance Profile - Concurrent Goal Frequency

Concurrent Goal	Number	Percent
No Concurrent Goal	4	33%
Adoption	4	33%
Legal Guardianship	1	8%
Reunification	2	17%
Permanent Placement with fit and willing relative	1	8%
	12	**100%**

QSR/Child Status and Performance Profile - Length of Stay in Current Program Frequency

Length Of Stay in Current Placement Program	Number	Percent
Not Applicable	5	42%
0-3 mos.	1	8%
4-6 mos.	1	8%
7-9 mos.	1	8%
10-12 mos.	1	8%
13-18 mos.	2	17%
19-36 mos.	1	8%
	12	**100%**